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PART FIRST.

ORIGINAL COMMUNICATIONS.

VALEDICTORY ADDRESS TO THE STUDENTS, AT THE COMMENCEMENT OF STARLING MEDICAL COLLEGE, 1857.

BY PROF. JNO. DAWSON, M. D.

Gentlemen: The duty of saying something to you, in the way of a Valedictory, has been assigned to me by the members of our Faculty; and I confess at once, my want of acquaintance with anything that might be regarded as proper, except what is merely suggested by the occasion. To many, "Introductories," and "Valedictories," because of the frequency of their repetition, have become somewhat stale. To the teacher and pupil, however, they will continue to be of interest, as marking the close of relations characterized by mutual toil, mutual solicitude, mutual regard.

You have now passed through the course of studies prescribed by the usages of the age, as being requisite to entitle you to the degree of Doctor of Medicine; and the Board of Trustees of Starling Medical College, at the instance of its Faculty, have furnished each of you with a parchment, upon which the proper facts are inscribed. As in everything there must be a beginning, this document merely states that it is the sense of your teachers that you are qualified to *begin* the great work before you — but, for the emergencies which your calling never fails to develop, you can only with safety depend upon continuous research, unremitting habits of industry.

You have been led to the threshhold of a profession that needs no eulogy at our hands. Its utility, nay, its indispensable nature to the races, has been stereotyped on every age within the historic period. Anciently, the veneration it received, in consequence of the labors of its most distinguished cultivators, gave rise to the practice of deifying medical men; temples were erected to their honor, sacrifices offered on their altars, and oracles consulted at their portals. Awarded to them, indeed, were the highest expressions of a grateful people. At no time since the period to which we have alluded, whether of peace or of war, has systematic medicine failed to secure among the nations of the earth the high position to which it is entitled. Homer, the most ancient and reputable of epic poets, gives a conspicuous niche among the heroes of the *Iliad* to the two sons of Æsculapius, who followed Agamemnon to the field of battle; and when one of them, Machaon, was wounded, the whole army is represented as having felt deeply interested in his recovery. The inhabitants of Argos voted to Hippocrates a statue of gold. By the Athenians he was frequently crowned, and after his death divine honors were paid to his memory. Damocedes was honored and loaded with wealth by Darius, for the cures he performed; and Cicero thought it not beneath the dignity of his pen to do honor to his cotemporary, Celsus. Among all the civilizations which the earth has witnessed, many of which, like certain animals and vegetables, have entirely disappeared, medicine has received a share of attention.

Often there is something suggested by the class of persons who engage in certain pursuits. Certainly there is an affinity between capacity, and the objects with which it concerns itself. The mind of Paganini was attracted by a fiddle, and its powers exhausted in getting from the instrument a variety of pleasing sounds. The brain of Galileo, or of Copernicus, of Franklin or of Newton, would have been inert in the presence of such a stimulus. For such, the problems of physics were provided; and between the problems and the capacities there was a strong, perhaps an uncontrolable attraction.

In this certain something, which we call medicine, a group of sciences is included. Man, his identity, properties, relations, uses and abuses, together with the diseases to which he is liable, require for elucidation nearly the entire circle of the sciences. Composed of specimen of nearly every element in the universe; and these arranged into compounds numerous; and these again into organs and apparatuses the construction and action of which involve every

known principle in mechanics, chemistry and natural philosophy, the human body is also the throne of a particle of immortality — an emanation of Divinity; which, while it keeps the elements in harmonious proportions and relations, allowing of a perpetual ingress and egress of them, makes up the connecting link between man and his Creator. In short, gentlemen, man, as Pythagoras, a long time ago observed, is a *microcosm*, a little world of himself, and to comprehend him in all respects, requires nothing short of super-human power.

To such an undertaking, is it strange that the most complete and best working intellects should always have been attracted? There was a time when all that is cultivated as science "*was without form and void.*" While medicine was in this condition, it attracted the attention of those most highly endowed. Apollo, who appears in mythology as the god of poetry, music and prophecy, was the ancient god of physic, and resigned in favor of his son, Æsculapius. The Asclepiades, with whom Hippocrates was connected in lineal descent, were among the best, if not the very best, intellects that, at their day, (A. D. 400,) had, as yet, turned up. Pythagoras and Plato both studied physic, and were interested with it. The former established a medical school at Crotona for the purpose of having his doctrines taught; the latter interested himself more with the philosophy of medicine than with the details of practice. Aristotle, who created the science of Logic, and did so much in the elucidation of Nature, had his mind also attracted to medicine. He gave the Aorta its name, and showed that all the blood vessels centre in the heart. When Medicine, on the dismemberment of the Macedonian Empire, left Greece, and took up its abode for a while in Egypt, the most gifted of that country, and of Arabia, entered at once upon its study, and became curious in its researches; and from Modern Europe and America have also been drafted a large proportion of the intellect they possessed for the emergencies of medicine. In short, if the engagements of the whole mind of the civilized world could this evening be known, its best and most available portion, we have no doubt, would be found to be occupied with medicine and its kindred sciences.

So great indeed, has been the investment of capacity in different ages, that much of what was done by the ancients is credited at the present day as the closest possible approximation to the truth. Many of the aphorisms of the sage of Cos, proposed three hundred years before the Christian Era, are aphorisms of the nineteenth century.

Standing in the middle of every century since the period just alluded to, and lighting up the different departments of Nature and Art which bear in any way on medical science, have been such men as Galen, Celsus, Pliny, Avicenna, Albucasis, Vesalius, Morgagni, Pare, Harvey, the Hunters, Bœrhaave, Bichat, Laennec, Davy, and Drake. By the labors of such, our calling, from having originally consisted simply of an art, has been made to embrace universal science. A medical man now is measured, not by the patronage he receives from the community, or the sweet eulogies that flow along his path, and which no one better than himself knows how to appreciate, but from the stock of information he possesses, his contributions to his profession, and the well-balanced character of his faculties.

Celcus was great, because he was superior as a classical scholar of his day, and was well versed in all that was known. Harvey was great, because he made the greatest single contribution which has been made to science by Saxon blood. Davy and Bichat, and the Hunters owe their exalted positions to their original researches. Of John Hunter it may be said, that in almost any single matter in which he labored he has been excelled by somebody or other, but his labors, taken collectively, have never, for importance and variety, been approached. Our own Drake was great, because of the logical character of his mind, and as having furnished to his day and generation the most philosophical "*Systematic Treatise on Practical Medicines*" which the world has ever seen.

Permit me, gentlemen, to repeat, that a profession which has attracted such minds must embrace a corresponding kind of material; must embrace the subjects with which they could be appropriately occupied

It would be presumption in me, on this occasion, to attempt a survey of the ground embraced within the range of medical inquiry. The extent of the field has not been ascertained, and perhaps never will be. Nothing has been erected to which the name Science is applicable, but what, it has been discovered, as before remarked, has a bearing in some way or other on man and his diseases. The human organism, the last completed and thrown among elements that immediately operated on it for weal or for woe, in its progress through life, may be regarded as exhibiting the sum of a warfare among destroying elements. To live, indeed, is to be a victor—a hero of battles fought at almost every moment, from the cradle to the grave.

In such a field you are ready to ask, what has been done? what has been really accomplished?

An inquiry so complicated as medicine, must of necessity move slowly.

Temples of truth are built up by degrees, and require centuries for their completion. The medical man has found, at every stage of his progress, embarrassments with which to contend. The "Science of Medicine" is an integer—an aggregation of many sciences supposed to contribute to a knowledge of the nature and cure of diseases. In regard to results, there never can be the positive certainty you have connected with figures. We obtain our knowledge, not by beginning with axioms, and proceeding from the known to the unknown in the invariable order of relations; but we obtain it by *observation* and *experiment*—processes you may recognize in the writings of Hippocrates; and that gave this author dominion over the medical mind for twenty centuries.

Incident to such a method of obtaining information, much must necessarily have been proposed, which, although at first plausible, was not found, on subsequent and more careful examination, to harmonize with truth.

In our progress, as a consequence, many things were adopted and reckoned on as truth, that had afterwards to be abandoned. And hence in our rear may now be recognized a thousand theories, that have been discarded; but that serve as the foundation of all the partial systems of modern times. There is, indeed no humbug of modern times, but what has its prototype in the exploded and abandoned theories of the regular profession.

Notwithstanding, however, the difficult nature of the inquiry, every well directed effort has brought forth truths to the surface that can be relied upon, that can be counted upon, as something that no future experiment or observation will be likely to reverse.

There is now no apparatus of the body, but what is pretty well understood. We know the structure and uses of the osseous, muscular, nervous and vascular systems. The structure and functions of almost every organ have also been made out. The circulation of the blood is no longer the property of the medical profession, but a part of the lessons of the school-room.

Nor has progress been less obvious in other departments. Take for example the practical department—the prevention and cure of disease.

We might here take a view of the statistics of longevity of different countries, in order to see what has been done by the medical

profession in the way of increasing the length of human life. But we have no time for the array of facts necessary to such an exposition.

It may be stated however, that for the last two hundred years, the period in which scientific medicine has been the most successfully cultivated, the length of human life has been continually on the increase; a part of the time, as for example in France, from 1776 to 1843, at the rate of 52 days annually. So much for medicine in France! These figures applied to a generation, would make it live more than three years longer now, than it would have done at the period of the discovery of the American continent.

Again, before the discovery of inoculation for small-pox, one out of every five persons exposed to its poison, died. Now only one in every fifteen hundred exposed, falls a victim to the disease.

There are certain cities that we might here name, in which the length of human life has, within a few years, by the labors of scientific medical men, been nearly doubled. Persons, the average age of whom had been but 21 years, have been made to live to be 44 years old. This was done by sanitory measures, projected by medical men.

What we have said in regard to an increase of the length of human life through the agency of educated medical men, applies to the period of the two hundred years preceding 1830. Since the period of 1830, we have something furnished in the way of *negative* evidence. All know that at about this time, we had the commencement of an avalanche of irregular systems. It is not necessary to enumerate them. Every imaginable absurdity, from that of scalding out morbific matters from the body, to that of subjecting it to the power of hydraulics, or to the powers, if such a term might be allowed, of *negation*, has been in its turn invoked. A result of this state of things has been, that the confidence which, for two centuries had been reposed in medicine, and which had been thought to have become organized, was found to be disturbed—the public mind operated upon by periodicals, newspapers, interested under writers, and forged certificates of wonderful cures performed, became in time inoculated with doubts; and the scepticism has extended to all the ramifications of society. Indeed, it is not saying too much, when we assert, that it is our belief, that every other man and woman have had their minds poisoned by some of these systems of ignor-

ance and fraud. What now has been the result of this state of things on public health?

We have no statistics that are complete for all the regions that have been visited with these epidemics of quackery—but where they have been kept they are significant.

The last annual report of the Registrar General of England, shows that the annual per cent. of deaths:

Between 1813 and 1830, was 1.94.

Between 1830 and 1844, it was 2.18.

In Massachusetts, where the people have had, for a while, a law for the collection of vital statistics, we find things as follows:

Between the years 1810 and 1820, the average age of the people of Boston was 27-85 years.

Between 1840 and 1845, it was 21-43 years.

Again, the annual deaths in Boston in 1830, amounted to one in every 48 of the inhabitants. In 1845, the annual deaths in Boston, amounted to one in every 38 of the inhabitants.

In one of our southern cities, Natchez, a registration law has been in operation for some years, and the statistics obtained have been carefully examined by Dr. Cartwright. In 1830, while the city was under the care of medical men, the annual mortality was one in 34; in 1837, after the introduction of the "steam," and other systems of similar character, the annual mortality was 1 in every 24 of the inhabitants.

Such figures show that when a community loses sight of scientific medicine, loses sight of the wholesome teachings of those who understand best the prevention and cure of disease, the penalty is premature death.

Patronizing Science, a community of people it seems live from six to ten years longer than it does when medicated indiscriminatelv by the humbuggeries of the day. This is found to be the case in all the places where the proper inquiry has been instituted. It is true in England as we have seen, where there has, within the time, been a run of Hydropathy and Homœopathy. It is true of the State of Massachusetts, and of a Southern city where we have had the coursest systems of quackery. Had vital statistics been kept in our own State, or in our city, the same truth would be developed here. A generation of people in this city of Columbns, under the influence of the so-called improvements, which take root and flourish in our

midst, there is every reason to believe die prematurely—is robbed of from six to ten years of its existence.

So much in the way of negative evidence. As we see the educated medical man superseded, we see also the results. We have as yet, however, seen them but dimly. Actuated by the noblest and most heroic of impulses, the physician has stood his ground, and where the infatuation has not been uncontrollable, he has stepped forward and abridged what would otherwise have been the bills of mortality.

In this connection I might allude to what is being done, in *modern times* to still further perfect our science.

If you will compare our means of diagnosis now with what they were half a century since, you will see much to admire. Physical exploration has been so improved and perfected, that many diseases upon which the best educated physician of former times was compelled to look with an almost vacant stare, are now recognized, located accurately, and prescribed for upon principle.

The application of the microscope to the elucidation of healthy and diseased structures, is a modern improvement—an improvement that has very much enlarged the boundaries of natural science, and conferred upon medicine a knowledge of the treasures that make up the substratum upon which it seems to rest. Much of our modern literature is made up of the revelations of the microscope. Indeed, no modern text-book is now complete without it embraces microscopical information.

Of equal importance are the revelations of Chemistry. More or less of this science, which presides over the atoms of matter, and explains all the circumstances connected with atomic action and reaction, has been known to the medical man since the Arabic period of Medicine, but his approximation of late to a more intimate acquaintance with it, is a modern improvement.

The ton and a half of matter, in the way of food, drinks and oxygen, annually taken into the system of a healthy adult, for the purpose of sustaining the body, is fixed in its place as nutritious matter under the influence of chemical law—the law of chemical equivalents. Then, again, after it has served its purpose and is ready to pass from the system as effete and useless, the departure is not a disorderly one. Chemical laws obtain again—new compounds are formed, if possible, still more complex and interesting. Not an atom, indeed, or a compound, escapes the observation of the chemist. He

now post-mortemises a dead blood corpuscle of the $\frac{1}{4000}$ of an inch in diameter, or the one ten-thousandth part of a grain of waste matter, and from the one or the other, constructs sometimes a rational idea of the disease with which the particle died.

In short, Chemistry has unfolded before us all the conditions of vital existence, whether the body be moving in accordance with physiological laws or under the influences of morbific agents. I commend to you, therefore, modern Chemistry as an attractive department of medical science; and a branch, the practical results of which you will find, in your every day intercourse with the sick, invaluable.

We might dwell on other branches where progress is equally obvious. The occasion, however, does not permit.

From the workings of the best minds on both continents, we are now annually receiving contributions. Most of our present stock the medical historian will observe, has been contributed within the last two centuries, and very much of it indeed, within the last fifty years. The longer of these periods, is but an hour, when compared with even the reputed time our race has had an existence on the earth. With such a fact before us, who can predict without sujecting himself to the charge of enthusiasm, what a period of equal duration in the future will bring forth?

Young gentlemen, it might now seem proper to offer you a few thoughts, however imperfect they may prove to be, in regard to your future. After to-night you are candidates for public patronage as Doctors of Medicine, and you are now at the most favorable angle to take a view of the elements of success in professional life. It is true, that from this point you cannot see all the emergencies you will be compelled to encounter; yet it is equally true, that now is the time to make the investment which will avert trouble, and that will give you the proper position in society. A matter that there is some danger that you may overlook, is, that you must be the architects of your own stock of knowledge, as well as of your pecuniary fortunes. All men of character have been *self-educated*. Such were Fulton, Rittenhouse, Bouditch, Washington, Franklin, and all the great spirits of medicine.

The legacies left to the world by those who have been conspicuous and useful in the medical profession, have been accumulated by the silent process of self-education. The curriculum of studies, to which you have been subjected in your collegiate exercises, amount

to nothing more than a *directory* of what is to be done; or rather, it instructs yon how to instruct yourselves.

The way thus pointed out, your success now depends upon your own efforts. If on *self-examination* you discover a deficiency in the elementary branches, turn back at once and study them up—for without soundness here you are in daily danger of doing mischief. Or, if you find your literary knowledge limited, devote a part of every day to making yourselves acquainted with what will always be an important auxilliary to you; besides, such information will make you the welcome companion of learned society throughout the world.

I might say in this connection, that intellectual, no less than physical labor, is eminently promoted by good order. As far as possible the physician's time should be systematized. A portion of it set apart for practical duties, and a portion for culture.

You will excuse me for calling your attention to a matter, that I think needs, to say the least of it, criticism. I allude to the office of the physician, the pathological council chamber, the *studium*. How essential is it that this little tenement be a model of neatness and good order—"a place in it for everything, and everything in its place." But what do we too frequently find to be true? A room 8 by 10, and generally the worst in town, is selected as amply sufficient to hold furniture, books and medicines—to serve also as the reception room for patients, friends and so-forth,—(the "so-forth," you may translate, if it suits, to mean loafers.)

The little tenement soon presents a scene of disorder. Books and medicines become indiscriminately mixed together—tincture bottles loose their stoppers, packages of medicine are left open—the pocket case of surgical instruments is found on the medicine shelf open, the instruments rusty and scattered in different places through the room; the microscope occupying some exposed situation, its oculars and objectives covered with dust; the tooth-drawers, perhaps on the writing table, its fulcrum covered with the blood of the last captured enemy from the ranks of dentagra. Add to this a dirty floor, covered over with tobacco juice, the part around the stove occupied with the stumps of old cigars, and the spittoon supporting a pyramid of chews of tobacco, and you have not an over-wrought picture of what is too frequently found to be true of some of our offices.

It is not necessary to say that all this is wrong. No brain, it matters not what are its native powers, can move well under such

circumstances. The disorder of such a place will soon find its counterpart in the intellectual abortions of its occupant.

Make your surrounding, young gentlemen good, as perfect and as pleasant as your means will allow. Dispose everything about you so that it will contribute to *stimulate*, rather than embarrass your studies.

A few words on your new relation to the medical profession and to society:—

"Every individual on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness." Each one of you no doubt feels, on receiving the professional mantle to night, the full measure of responsibility. As the fathers have labored to contribute something to the general stock, so must you. As they have raised up a wall between the honest men of the profession and the mere medicine mongers, it is expected of you, that you will build it higher.

To a class of Chinamen, of Hindoos, or indeed of any variety of the yellow race of mankind, it might appear appropriate to say that moral rectitude should constitute the substratum of all the movements of the physician. But to an Anglo-Saxon this is simply unnecessary. The principle alluded to is an organic maxim of our kind of civilization, that applies with equal force to all the pursuits of life; and we believe, that it may be stated with great propriety, that nine-tenths of all the failures in the avocations of life are but commentaries on its violation. A physician without it is not to be tolerated in civilized society.

Connected with every association that involves mutual exercise of duties, there are usuages and amenities, that to some extent are peculiar to each. Something of this character we have in the medical profession, in what is called our "Code of Ethics," rules to regulate the intercourse between physicians, and between physician and patient.

These rules, gentlemen, are not the result of eccentric taste, fastidious whims, or morbid sentimentality. They have descended to us from the sages of the profession, and may be regarded as presenting their judgment of what is proper. A careful examination of them will convince you of their wisdom and utility in professional intercourse.

As long as you observe these rules you will find yourselves in the company of gentlemen. A violation of them will at once let you below the *status* of manhood. As you respect, therefore, your "*Alma Mater*," cherish also, wherever you find them, the counsels of the good and great, on whatever pertains to the interests and welfare of your profession.

ART. II.—*On the Dietetic Management of the Sick and Convalescent.* By Dr. J. A. McFARLAND. Read before the Medical Society of Seneca county, Ohio.

In a large proportion of the maladies that come under the notice of the physician, his opinion is asked, and must be given, in regard to the diet of his patients. He must decide when it is proper to allow nourishment, and when to forbid it. He must say what *kind* of food is best, *how* it should be prepared, and *how much* should be given. To be able, *always*, to answer these questions correctly, or even to his own satisfaction, is more, perhaps, than will be claimed by any respectable practitioner. Still they are questions of vital interest, and I wish I were prepared to discuss them, in some degree, commensurate with their vast importance. My object, however, at this time, is merely to direct attention to the dietetic management of the sick and convalescent, and, by so doing, to elicit some profitable discussion upon the subject.

In the organization of this Society, it was contemplated that each member would derive some benefit from our Association, but in order that this may be effected, it is necessary that each and every one manifest on all occasions a willingness and a pleasure to communicate the results of his reflection and experience. It is not expected that doctors will always agree, will always have precisely the same views and opinions upon all questions; but it is expected that, in an Association like ours, their views and opinions, whatever they be, should be freely advanced. We come together for mutual instruction, and each has a duty to perform. No one should feel at liberty to withhold what he regards as valuable, nor remain silent when he believes his brother to be in error. Such being my sentiments, I may as well say in advance, that I will be pleased to have gentlemen present take up and criticise with the utmost freedom any of

the opinions I am going to advance. If I am mistaken, it is my interest to know it, and, if convinced of error, I shall not hesitate to abandon it.

Some of our professional brethren seem to imagine that nine-tenths of all the relapses and deaths occurring in their practice are fairly attributable to the commission of certain errors in diet. Their patients, at least such of them as prove the most unmanageable, are almost always, as they suppose, eating *too much*, or if not too much, they are sure to get a taste of something that they never should have tasted, touched, or handled. It is not at all uncommon, upon visiting a patient, and finding him worse, to suggest immediately, that the untoward symptoms must be the result of improper food or excessive feeding. And if it so happens that any nourishment was taken during the last twenty-four hours, the doctor's opinion is at once confirmed to the satisfaction of all concerned, and it only remains for him to say, in justice to his professional sagacity, "I know it was so, I could not be deceived in a matter of this kind." Now, in this instance it is very possible that the doctor may be mistaken; but whether or not, it is very "unsafe as well as unphilosophical, to jump at conclusions." In a case like the one just mentioned, much careful inquiry is necessary to trace effects back to their origin. Time is an important element in all investigations; and though the physician's time may be precious, the life of a fellow-being is much more so, and hence nothing can justify such errors as result from sheer precipitancy. It does not *necessarily* follow that whenever a patient is worse, soon after taking nourishment, it is owing to irritation caused by the ingested aliment. It should not be forgotten that besides improper eating, there are many other things capable of acting injuriously upon the system when laboring under disease or debility. Among the most frequent of these I would name many of our therepeutic agents—the medicines that are employed to assist nature in throwing off the disease. It is certain that our remedial agents are not usually of that class so frequently prescribed by well-meaning old ladies, with the assurance that if they will do no good, they can do no harm. On the contrary, many of them are capable of doing a vast amount of mischief. If they are not indicated in the cases prescribed for; if, for instance, we employ antiphlogistics when stimulants are needed, or *vice versa*, shall we expect, at our next visit, to find our patients better? If, when brandy or some such potent stimulant is demanded, is it not irrational to suppose that the same case would tolerate the free use of blood-letting or antimonials?

It is nevertheless true, that such *grave* mistakes are occasionally committed even by those who love to descant upon their long professional experience.

At the onset of the disease, (in a general way,) many blunders may be committed with comparative impunity, for there may then be sufficient vital resiliency to withstand the combined attack of disease and doctor. But subsequently, especially about the crisis or turning point, the closest scrutiny, and the nicest discrimination, are sometimes necessary to avoid fatal mistakes. The anxiety and embarrassment of the practitioner on such an occasion, it is not easy to describe. But, once at the bed-side, there is no way of backing out. He must act, and assume the responsibility. If he strike in the dark, he may possibly make a "good hit," but not unfrequently, the patient, and not the disease, acknowledges the force of the blow. The ablest men in the profession, the most experienced and skillful, are often puzzled and mistaken, and the first to confess and lament their blindness and ignorance. No one will doubt that a great deal of medicine is swallowed with the effect of aggravating the illness it was intended to remove. If this be true, and I think nobody will contend for the contrary, how much better, in many cases, to "throw our physic to the dogs," and give bread pills, or something equally harmless, trusting the issue to the good management of the Vis Medicatrix Naturæ. Cases involved in much obscurity, and yet not demanding immediate interference, or diseases more imaginary than the result of organic derangement, may be left, for a brief period, to the recuperative efforts of nature. A *placebo* is sometimes the best remedy we can give.

Were it necessary, it would be easy to adduce a formidable list of authorities in support of the position, that improper medication has been productive of a vast amount of evil. I will make, however, a short quotation from Watson's Practice of Physic, to show the author's opinion of the result of medical treatment in a single disease, namely, epidemic or Asiatic Cholera:

"Never, certainly," he says, "was the artillery of medicine more vigorously plied, never were her troops, regular and volunteer, more meritoriously active. To many patients, no doubt, this busy interference made all the difference between life and death. But, if the balance could be fairly struck, and the exact truth ascertained, I question whether we would find that the aggregate mortality from cholera, in England, was any way disturbed by our craft. Except-

ing always the cases in which preliminary diarrhœa was checked, *just as many*, though not perhaps the same individuals, would probably have survived, had no medication whatever been practiced." The meaning of Dr. Watson is simply this: that in confirmed cholera, the doctors have killed just as many as they have cured. This acknowledgment, anything but flattering to the pride and dignity of the profession, might, perhaps, be as near the truth, if made in reference to some other malignant epidemics. But it is only necessary to glance at this subject, to awaken the sad memories of almost every practitioner.

But again, morbid action may be aggravated, or, in convalescence, it may be renewed, by any thing giving rise to strong mental emotions. The most careless observer must have noticed the great influence exerted by the mind over all the organs of the body. The vascular, nervous, muscular, and glandular systems all acknowledge its power, whether in sickness or in health. The emotional manifestations are sometimes those of excitement, sometimes of depression, and in either case, when the intensity is great, or the vital resistance feeble, the result may be disastrous. Terror, as well as joy, when excessive, has produced instantaneous death. Grief and anxiety are constantly sending their victims to the tomb; and the same may be said of all the stronger passions. Knowing these things to be true, it behooves the physician to bear them in mind while making his clinical observations. Knowing that pathological phenomena may be greatly complicated and intensified by such causes as those adverted to, and knowing that such occurrences are far from unfrequent, the practitioner should never neglect to study most carefully the state of the patient's mind, to discover, if possible, any unbalance of its normal condition. Mental excitement, as from joy or anger, will act as a material stimulant, and like other stimulants, may be productive of much mischief; while, on the other hand, mental depression, induced by the apprehension of danger, or from whatever cause, will have the opposite, but not less injurious effect upon the system. One of these states of mind is often present in sickness, and if overlooked, as is sometimes the case, the danger of dying may be greatly enhanced. There is no stimulant that can arouse and sustain the sinking energies of the heart, so effectually, as *the great life-preserver—Hope*. To rob the patient of hope, is to destroy his chances of recovery. To alarm him with the fear of

death, is one of the most effectual means of hastening a fatal termination. On the contrary, nothing is more conducive to the restoration of health, than a tranquil, cheerful, hopeful disposition of mind.

If, from any cause, the practitioner loses the confidence of his patient, especially in any acute or protracted illness, he will find much trouble in conducting the case to a favorable termination. It is all-important, therefore, that he secure and retain the confidence of those who place themselves under his professional care. But this, however, is not always possible. A patient may have whims and prejudices, which, if not gratified, will lead him to doubt the skill or judgment of his medical attendant. Or he may be surrounded by those whose preferences are for some other doctor, or some different system, and who at once go to work endeavoring to convince the patient that he is in dangerous hands, that it is his interest, as he values his life, to dismiss the attending physician, and call in another. Such officious friends will tell him his physician has mistaken the true character of his disease, that he is giving the wrong medicines, or that his medicines are poisons, and, that unless something else is soon done, he will most certainly die. All this is very common, much more so, perhaps, than we are apt to imagine. In this way the patient is excited and alarmed; the nervous system is thrown into irregular action, the heart's movements are hurried, and congestion, pain, and febrile excitement follow in rapid succession. The patient is evidently worse, while probably neither he nor his physician is able to divine the reason — nor will physic, low diet, or starvation be likely to control the unfavorable symptoms thus developed.

What has hitherto been said, though somewhat digressive, has considerable bearing upon the subject under consideration, pointing out, as it does, certain agencies very often overlooked, in tracing out the causation of those discouraging mutations from bad to worse, which, not seldom, it is our misfortune to witness, during the progress of disease. A great variety of kindred examples might be mentioned, but the few we have given are enough for our present purpose.

The chief errors committed in the use of food have reference, first, to *quality*, and, second, to *quantity*. Food may be improper from certain qualities inherent in the article itself, or from changes induced by the operation of chemical, culinary or other agencies. But in speaking of the quality of food, and of its fitness, or unfitness, as such, we generally have reference to its adaptedness to special states or conditions of the system. Food, like medicine, which in one case,

would be the very best possible, might in another be altogether unsuitable, if not decidedly injurious. For instance, *sour crout* may act like a charm in scurvy, but it does not follow that its use would be equally beneficial in gastritus or cholera morbus.

Then, again, we must not forget the controling influence in *habit* and *idiosyncrasy*, nor fail to be governed, in practice, accordingly. There is much truth in the time-honored aphorisms that "habit is a second nature," and that "what is one man's meat may be another's poison."

However, as a general thing, it is easier for physicians and intelligent nurses to select the proper *kind* of food, than to determine, with certainty, in each particular case, whether *any*, or *how much* should be allowed. That food, every sort of nutritious matter, is *wholly inadmissable* in certain pathalogical conditions of the digestive organs, or of the general system, is a proposition that need not be urged, as its truth, I believe, is universally admitted. Indeed, there are diseases, where its use is not only improper, but we might add impossible, as in acute gastritis, for example, in which every kind of nourishment is immediately rejected. In cases like this, the language of nature can scarcely be misinterpreted, even by the most ignorant. Here, the appropriate stimulant of the stomach becomes an irritant as hurtful as light to the inflamed eye, and, of course, its disease is imperative, at least till the inflamed organ is partially restored to its normal condition. But there are other organs, also, inservient to the nutritive function, and a morbid condition of these may sometimes compel the entire abandonment of all kinds of food. In most of such cases, however, the stomach is also implicated. Thus in fever, whether bilious or typhoid, there is probably, more or less organic lesion throughout the entire apparatus concerned in digestion and assimilation. The salivary, gastric, hepatic, pancreatic and other secretions are either suspended or greatly vitiated. During this state of things it seems very evident that alimentation is out of the question. The consumption of food should be deferred till the system is, *in some degree*, able so to act upon it, as ultimately to convert it into the various tissues of the body. In the *early stages* of acute diseases, as a general rule, little or no food should be taken, and *most generally I would say none.*

But, the error of nourishing patients too much is mostly chargeable, not to the medical adviser, but to the sick themselves, or their nurses. Not so, however, when the opposite error is committed,

that of withholding sufficient sustenance. This is almost always in obedience, to the strict, and repeated injunctions of the physician, and not unfrequently in opposition to the inclination and entreaties of the patient and his friends.

Now, there is reason to believe that a too rigid and protracted abstinence is not unfrequently enjoined in the treatment of various diseases; and furthermore that the distressing, and often fatal results of such abstinance are commonly attributed to other causes than the true one. In support of this position we refer to Williams' Principles of Medicine, when after making some general remarks upon defective nourishment, the author says: "Even in less degrees of abstinence enjoyed in the treatment of disease, symptoms of vascular and nervous irritation often arise in the midst of general weakness. By many practitioners of the Bronsain school, these symptoms are erroneously taken as indications for an *increase* of the antiphlogistic plan, when a judicious return to nourishing food will really prove the best cure." Dr. Copland says "many cases have occurred to me in practice, when the antiphlogistic regimen, which has been too rigidly pursued, *was itself* the cause of the very symptoms, which it was employed to remove. Of these symptoms the affection of the head and delirium, are the most remarkable, and the most readily mistaken for an actual disease requiring abstinence for its removal." Dr. Carpenter, in his work on Human Pnysiology writes: "The fatal termination of many exhausting diseases are really due to chronic inanition." Again, after describing the symptoms of starvation, and the results of a deficient alimentation, he remarks: "It is extremely important that the medical practitioner should be aware that many of the phenomena above described, may be induced, by the adoption of a system of too rigid abstinance, in the treatment of various diseases, and that they have been frequently confounded with the symptoms of the malady itself, and have led to an entirely erroneous method of treating it."

Here, then, we have the testimony of several of our best authorities going to establish the principle that too much of a good thing is good for nothing; in other words, that the best things in the world are subject to abuse, and so with the plan of no diet, or a very abstemeous one.

In the low forms of fever, there is considerable danger of pushing the starving regimen, to too great an extent. This is especially true of those cases that run a very protracted course. In the treatment of this class of fevers, I think it a good general rule, to com-

mence nourishing the patient before the disease has made much progress, certainly before the supervention of severe adynamic symptoms. It is less dangerous, in my opinion, to commence a little too early, than too late. The reason for this is found in the fact, that when food has been too long withheld, the digestive organs seem to lose, in a greater or less degree, their accustomed powers. Insufficient nutriment, as shown by the experiments of Chassat, produces an incapability of digesting even the limited amount supplied. "It seems," says Dr. Carpenter, "as if the vital powers were not sufficient to furnish the requisite supply of gastric fluid, when the body began to be enfeebled by insufficient nutrition; or perhaps we might well say, the materials of the gastric fluid were wanting."

The total disease of an organ, when its integrity is somewhat affected, is not always required for its restoration. For every lesion of the organ of sight, it is not deemed necessary to exclude the light or to interdict the exercise, of its appropriate function. Let us suppose that, in an ordinary case of catarrhal opthalmia, the eye were kept in darkness for a fortnight or more, what would be the result of such treatment? Increased weakness of the eye, and diminished capacity for the performance of its special office would be the inevitable consequence. Now, I apprehend that the same principle will apply with equal force, to cases of unnecessarily protracted abstinences. The stomach, like the eye, and every other organ, must grow weak from inaction; and, other things being equal, the debility or loss of tone will be proportionate to the duration of the antiphlogistic regimen. If this be so, there is danger, not only that the stomach may refuse to digest what is taken into it, but also that serious injury may thereby be induced. It can hardly be expected that a patient who has eaten little or nothing for ten or fifteen days, can bear with impunity, the craming process, which is sometimes practiced, when the sinking stage is fairly developed. The transition thus made, is too great and sudden to be beneficial. If this had been commenced at an earlier day, and conducted carefully, and gradually, the result would doubtless be more propitious.

In this connection, it may be proper to advert to the fact, and it is one of great practical importance, that children will succomb much sooner than adults, when deprived of an adequate supply of nutriment. During the period of growth, absorption and deposition, or decay and regeneration of the tissues, are more rapid, than after the completion of maturity; and hence, the more urgent demand

for a supply of the elements of nutrition. The younger the child, the sooner will it sink from the exhaustion of overmuch abstinence; and I have no doubt that many a death, among those occurring in early infancy, is the legitimate result of this error.

And now, in conclusion, I would repeat, that though a rigid abstinence is all-important in the management of many of the "ills that flesh is heir to," and though a disregard of its observance is often coincident with the failure of all other remedial measures, it is nevertheless equally important that the invalid be supplied, *in due season*, with an amount of nutriment proportionate to the wants of the system. It is said, "There is a tide in the affairs of men, which, taken at the flood, leads on to fortune." Thus, too, I believe there is a period in many diseases, which, if improved in the way I have indicated, will as certainly lead to the establishment of convalescence. The chief advantage possessed by one practitioner over another, consists, not unfrequently, in the ability to detect the precise period, when it is proper to pass from one class of remedies to another. It is much more common for medical men to agree upon the treatment proper, during the first than the subsequent stages of diseased action; and yet the hazard to life, from any important error, cannot certainly be less in the latter than in the former. Now, it is during these subsequent stages, sooner or later, that the supporting plan of treatment must be commenced. But a few days, earlier or later, is not a matter of indifference. Nutriment should be given just as soon as it is needed, and no sooner. As a general rule, it is needed and should be given when the appetite demands it. The appetite, or hunger, is a natural feeling intended to warn the individual that his system is suffering for want of food. When the appetite is natural, and not the result of artificial stimulation, there will be little danger in gratifying it. I cannot but think we are quite as safe, when acting in obedience to the promptings of natural appetite, as when governed by this or that theory, however plausible, or however well supported by the authority of many great names.

Whatever is most desired by the sick, and most grateful to their feelings, we generally find to be the most beneficial. Thus, in febrile affections, what more grateful, what more beneficial, than a free circulation of air, and a plentiful supply of cool water? And yet both are still regarded by some who call themselves physicians as positively pernicious.

But, in many cases, there is no appetite, or so little that the pa-

tient seldom or never thinks of taking food, unless asked to do so. In these cases, the organs of digestion and assimilation are deficient in vital activity, yet retaining a sufficiency to dispose of very moderate quantities of nutriment, beneficially. Such cases are not unfrequent in those low and very protracted fevers of a typhoid complexion. Until we discover some plan whereby to cure these, in a more summary manner than heretofore, it will not answer to withhold food until the fever is entirely subdued. Such practice, whatever its effects upon the fever, would be most hazardous to the patient. This will be readily understood, when it is recollected that the nervo-muscular prostration is very considerable, even at the commencement, and that this goes on increasing, for a period sometimes considerably over a month. Add to this the extreme wasting of the various tissues of the body, the half-empty state of the blood-vessels, and the impoverished condition of the blood, together with a reduction of the animal heat, and it seems there is reason sufficient for attempting the cautious administration of aliment, at an earlier day than is the custom of some practitioners.

PART SECOND.

PROCEEDINGS OF THE OHIO STATE MEDICAL SOCIETY

AT ITS TWELFTH ANNUAL SESSION,

Held at Sandusky, Commencing Tuesday, June 2d, 1857.

FIRST DAY — MORNING SESSION.

The Ohio State Medical Society met at Norman Hall, in this city, this morning, at ten o'clock, about sixty members being present at the opening. The President, Dr. Peter Allen, of Trumbull county, took the chair and the meeting was called to order. He was supported by Vice Presidents, Drs. John Davis, of Dayton, J. G. Rogers, of New Richmond, and Dr. Cotton, of Sandusky. Rev. W. S. Kennedy, who was present, was invited to open the meeting by prayer.

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The Secretary being absent, Dr. Donahoo, of Sandusky, was appointed Secretary *pro tem.*

The Chairman remarked: If there be any communication from the Executive Committee, it will now be in order; whereupon, the chairman of the committee reported in writing, as follows:

The Executive Committee of the Ohio State Medical Society respectfully submit the following report:

They have secured to the Society the use of the Hall in which we are convened, free of charge, with the exception of gas and hire of Janitor.

It is recommended that the Society convene at 8½ o'clock, A. M., and continue in session until 12 o'clock, M., and from 2½ o'clock to 6 P. M., of each day, except Thursday afternoon, when the Society is invited by the Erie County Medical Society to take an excursion to some of the adjacent islands on board the steamer Bay City

It is further recommended that the Society accept the invitation of the Erie County Medical Society to attend the lecture of Dr. I. I. Hays, to be delivered Tuesday evening, and that Wednesday and Thursday evenings be devoted to social recreations, in compliance with the invitations of several of the citizens of Sandusky.

That the order of business adopted at the meeting of the Society at Dayton be made the order of business for the present meeting.

All of which is respectfully submitted.

DANIEL TILDEN, Ch'n.

Dr. Tilden then proceeded to deliver the welcoming speech on behalf of the Committee, to the members of the Association. He said:—

MR. PRESIDENT, MEMBERS OF THE STATE MEDICAL SOCIETY, AND GENTLEMEN OF THE PROFESSION OF MEDICINE: By the courtesy of my brethren of the Erie County Medical Society, I have been designated to tender to you in their behalf a cordial greeting to our midst; and through them, on the part of the citizens of Sandusky, to extend the most liberal hospitalities our homes afford. I trust we may be able to furnish assurances of wholesome sincerity, and a just appreciation of the honor conferred in selecting this city as the seat of one of our annual deliberations. In the discharge of the pleasing duty assigned me, I deem myself sanctioned in reverting to scenes which gathering years have robbed of their realities. Forgetfulness throws its sable pall over the dimly written records of even yesterday, and leaves but a feeble trace of that which filled the measure of our obligations; yet, anon, a "trifle light as air," a long forgotten sound, or once familiar voice renews existence and gives birth to a flood of recollections. The doors of the mighty past swing back upon their hinges, we stand within its consecrated halls, and behold in just perspective a panoramic view of days by-gone. This digression is suggested by reason of some of the countenances I see before me to-day bringing forcibly to my mind a drama long since enacted. I trust the strict province of the duty so generously conferred is not violated by unfolding the curtain of the past and reverting to the saddened days of '49. I do not desire to open

wounds which time has partially healed, but cannot withhold the utterance of the emotions your attendance at this convention produces. That desolating visitation which hovered round our homes and affixed its fatal seal upon our hearth-stones is gone, but the fond memory of those who responded to its fearful biddings is with us still, and with that memory dwells the grateful remembrance of those of your number who came faithfully to the mark and on the score of common brotherhood made our calamity your own. The spot upon which those valuable services were rendered is an appropriate place to tender an acknowledgment, and this occasion seems fit to its fulfillment. I do not speak alone. I but utter the common sentiment of a community deeply impressed with sentiments of lasting gratitude. A thousand happy hearts and cheerful faces greet you to-day, and the sincere benedictions of as many grateful hearts will accompany you forever. I would not wantonly transgress upon premises which have been referred to other and more able pens, or encroach upon the time allotted me. I solicit your kind indulgence, therefore, but for a moment to express the feelings of pride and satisfaction which this occasion furnishes. Not quite half a century since I commenced the practice of our profession in this country, and in an humble capacity have to this day continued to discharge in good faith the obligations it imposes. I am thankful for having been thus long permitted to labor for the alleviation of suffering, and only hope that I may be spared to do faithful service for many years to come. It is impossible to present a distinct idea of the obstacles in the pathway of the physician of early times, and an attempt on my part would perhaps prove fruitless. Almost impenetrable forests and undrained marshes, meagre supplies of the necessaries of life, and none of its comforts, together with the wearing effect of constant intercourse with the maladies incident to the settlement of a new country. The people, not at all times capable of discriminating between the legitimate man of science and the boasting pretender, were subjected to the impositions of this precious class of individuals.

The reputation of the true physician suffered much from this unhappy intermixture and demanded a remedy. Exertions were speedily made in this behalf. The very many beneficial effects which had always resulted to society and to the profession from concentrated effort in the form of organization in our sister states had long been apparent. Application was thereupon made to our Legislative Department, which accordingly on the 8th day of February, 1812, passed an act to "incorporate a Medical Society and to regulate the practice of Physic and Surgery," in this State. Ohio, then in its infancy, contained but seven Medical Districts which, in pursuance to this act, were fully represented at a convention of physicians, held in the town of Chillicothe, on the first Monday of November of the same year. Many important measures were brought before that learned body which form an interesting and instructive page in the medical literature of our State; yet I do not deem it properly within the limits of my duty to enter into their discussion. Our General Assembly were anxious to have it appear upon record,

that marked benefits had resulted to society by reason of this organization, as appears by the following complimentary preamble to an act passed Feb. 26, 1824, (whereas, well-regulated socicties *have been found* to promote the health and happiness of mankind,) &c. An interim of 12 years between the passage of the enactments referred to, seems to have furnished adequate authority to justify the declaration that medical organizations *had been found* to promote the advancement of a correct knowledge of the healing art. By the active exertions of those who have been found faithful in promoting the good of our profession, we find ourselves to day assembled on the threshhold of the twelfth of our annual deliberations under our new charter. The goodly number I see before me, warrants the conclusion that there is no faltering on the part of the physicians of Ohio, in the laudable undertaking in which they have embarked. On the contrary, I am proud to say the spirit which seems to pervade this assembly, betrays an increasing interest in the dignified objects which pertains to its organization and vouchsafes to us ere long the consummation of our wishes. A rigid adherence to our constitution, and particularly to those rules in relation to the admittance of members, will soon strike dismay among the vast army of impostors and empirics who have so long infested society. A membership in this society or some of its branches will constitute a passport to the confidence of a discerning public and mark the man as being possessed of those substantial qualifications belonging to the legitimate practitioner of medicine. This seems to be the only conceivable plan by which the chaff can be sifted from the wheat, and the pure coin separated from the spurious; and were I this day called upon to adjust my final account, I could not bequeath a legacy to my profession which would more gladden my heart than power to perpetuate this institution. To the younger members constituting the delegated body of this convention, I beg the privilege of saying —let it be your aim to preserve its existence inviolate ; regard its well-being as a point indispensable to professional success, and as the most effectual and speedy method of renovation. You discover among our number a few whose heads are whitened by the snows of seventy winters—the representatives of an almost forgotten generation. Daily combat with the king of terrors has left its trace ; yet, there is no faltering, no hesitation when distress knocks at the door, even at midnight. They whose pilgrimage on earth, like the despised Nazarene, had been to go about doing good, are with us in council ; and the hand which thus long has been outstretched but to relieve, still strikes with vigor for the advancement of our profession and the good of mankind.

The address was received with applause, and it was moved that the report of the Executive Committee be received and adopted, and that the address be placed in the proper hands for publication. Carried.

Dr. W. P. Kinkaid moved that a recess of ten minutes be taken to allow members an opportunity to register their names, for the

use of the Secretary. Carried. Whereupon, the following members enrolled themselves:—

T. J. Mullen, New Richmond; Frederick S. Hurxthal, Massillon; L. Firestone, Wooster; H. Metz, Massillon; John G. Kyle, Xenia; W. W. Jones, Toledo; J. C. Maggeni, Fayetteville, Brown county; C. F. Thomas, Pomeroy, Meigs county; E. P. Fyffe, Urbana; John Dawson, Columbus; L. M. Smith, Columbus; Samuel Wilson, Wooster; M. B. Wright, Cincinnati; J. G. Rogers, New Richmond; J. Davis, Dayton; John G. F. Holston, Zanesville; S. C. Blackburn, Kentucky; James Hitchcock, Port Clinton; H. R. Cushing, Cleveland; Guster C. Weber, Cleveland; Proctor Thayer, Cleveland; Julian Harmon, Warren; Henry Spellman, Medina; W. P. Kinkaid, Neville, Clermont county; Robert Thompson, Columbus; J. N. Green, Bainbridge, Ross county; H. S. Conklin, Sidney, Shelbey county; J. N. Gard, Greenville, Darke county; E. B. Woods, Warren; A. H. Baker, Cincinnati; W. H. Harper, Lima, Allen county; J. A. McFarland, Tiffin; J. N. Burr, Mount Vernon; Richard Gundry, Dayton; Peter Allen, Kinsman; J. A. Coons, Dayton.

Dr. Robert Thompson, of Columbns, introduced to the Society Dr. J. C. Blackburn, of Kentucky, a delegate from the Medical Association from that State, and moved that he be admitted to a participation in the proceedings. The motion was carried, and the Chairman welcomed the delegate in the following terms:

We are happy to receive you as a delegate of the Kentucky Medical Society. Our object is to cultivate good feeling among the members of our profession, and we shall be happy to have you participate with us in discussing the subjects which shall come before us.

Dr. Thompson called attention to the fact that the standing committee was an important committee, and that, as many gentlemen present would like to enroll themselves as members of the Society, he moved that the committee on Admissions report the names of applicants, which motion prevailed.

Dr. R. R. McMeens offered the following resolution:

Resolved, That a committee of five be appointed to nominate officers for the current year, to report as early this afternoon as practicable. Adopted.

The following gentlemen were nominated a committee on Admissions: John Davis, Chairman; F. S. Hurxthall, T. J. Mullen, L. Firestone, and W. P. Kinkaid.

Dr. Kinkaid moved that the reading of the minutes be dispensed with, which motion gave rise to some discussion upon a point of order, and was finally carried.

The following gentlemen were appointed a committee on Nominations, viz: Drs. R. R. McMeens, Sandusky; W. P. Kinkaid, Neville; R. Gundry, Dayton; J. G. F. Holston, Zanesville, and J. N. Gard, Greenville.

The Chairman said if there is any gentleman present who was a delegate to the National Association we can hear his report now.

Dr. Kinkaid. If there be any such gentleman present, that report might be as interesting to the committee—referring to the committee on Admissions, which had retired, as to ourselves.

The suggestion of the Chair was withdrawn.

Dr. Baker. It does not appear that we have any standing committee other than the committee on Admissions. We have no committee to report to the Society the standing committees.

Dr. C. F. Thomas, of Meigs, moved that the standing committees be called in their order, that the members of the Society may know who they are.

Dr. Dawson asked for the book of the Secretary. He said that the "transactions" furnished to be published omitted the standing committees, although they were published in all the medical journals of the State, and are in the Secretary's record.

(An unsuccessful effort was made to find a record of the standing committees.)

The committee on Admissions made their report, recommending the admission of the following gentlemen as members of the Society:

Drs. A. H. Agard, Sandusky; J. C. Preston, Brunswick, Medina county; T. M. Laggart, Doylston, Wayne Co.; C. G. Eaton, B. Clyde, Sandusky Co.; Leman Galpin, Milan; H. T. E. Cushing, Cleveland; Gustav. C. E. Weber, Cleveland; Proctor Thayer, Cleveland; C. H. Swain, Toledo; S. A. McGowan, Columbus Grove, Putnam Co.; J. K. Woods, Lima, Allen county; G. M. Boyd, Xenia, O.; E. L. Plympton, Madison, Lake county; H. D. Mann, Sandusky.

The report was adopted.

It was moved that the report and fees for membership be handed to the Secretary; whereupon, a discussion arose as to which officer, the Secretary or Treasurer, should receive the money, which, upon reference to the second article of the Constitution, was decided in conformity therewith. That instrument provides that the fees for membership shall be paid to the Secretary.

Dr. Baker said that he should make a report to-morrow, concerning the duties of the different officers.

The Chairman said that if there were any chairmen of standing committees present, he wished they would announce their names, and report, if prepared—the Publication committee, the committee on Finance, the committee on Medical Ethics, &c.

Dr. Baker. Who is the chairman of the committee on Medical Ethics? It is utterly impossible for us to have a report from one upon a standing committee, unless he be authorized by the proper officer to make such report.

Dr. McMeens, from the committee on Nominations for officers for the ensuing year, reported:

President—D. Tilden.
Vice Presidents—H. S. Conklin, John Dawson, J. N. Burr, M. B. Wright.
Recording Secretary—H. J. Donahoo.
Corresponding Secretary—W. W. Dawson.
Treasurer—Chas. Cochran.
Librarian—G. W. Maris.

Drs. Wright and John Dawson declining to serve, the report was referred back to the committee with instructions to fill vacancies.

Dr. Isaac I. Hays was introduced by Dr. Kinkaid, and admitted, on motion, as an honorary member of the Society. He was appropriately welcomed by the President.

Dr. Baker. I move that our esteemed friend, Dr. Blackburn of Kentucky, be admitted an honorary member of this Society. Carried.

The Committee on Nominations reported the following:

President—D. Tilden;
Vice Presidents—H. S. Conklin;
J. N. Burr;
John G. F. Holston;
J. A. McFarland;
Recording Secretary—H. J. Donahoo;
Corresponding Secretary—W. W. Dawson;
Treasurer—Chas. Cochran;
Librarian—G. W. Maris.

The report was accepted, committee discharged, and a motion prevailed to go into the election of the officers named by the committee for the ensuing year, the vote for each to be taken separately.

After several ineffectual motions to that effect, the Society adjourned until this afternoon, at half past two o'clock.

FIRST DAY—AFTERNOON SESSION.

The minutes of the forenoon session were read and approved.

Dr. Hayes then rose and tendered his acknowledgments to the Society for its consideration in electing him an honorary member:

He could not regard this as a testimonial awarded solely upon the claims of individual merit, but as a token of that generous sympathy and that spontaneous admiration which his fellow citizens of every class, have manifested toward the great enterprise in whose trials and struggles he had borne an humble part—an enterprise which was not only made glorious by the exalted philanthropy of its objects and the grandeur of its results, but which was linked, in the affections of his countrymen, with the honored name of his late commander. The hopes and doubts of the civilized world had struggled for the ascendancy, when the departed Kane proclaimed his belief, in tones of manly confidence, that Franklin was yet alive. Those hopes and fears followed the little fleet under his command, when it departed on its voyage of unknown perils and uncertain fate. They gave place to welcomes when the weary adventurers returned. This life is indeed a life of contrast, and to me, this warm response is enough to melt all the frozen spots, if any are yet left, within me. Through the darkness of the winter and the sunlight of summer, through the shadowy days of suffering and the bright days of congenial duty—it was our hope that our labors would meet the approbation of our country. This hope has been more than realized. For this fresh evidence of generous appreciation, I am incompetent to the task of due acknowledgment. If I had the whole English language at my tongue's end, I should be unable to express my thanks to this association, for so unexpected a mark of its partial consideration. (Applause.)

Dr. Blackburn, of Kentucky, also thanked the Society for electing him an honorary member. He came as a delegate from the State Medical Society of Kentucky, and was received warmly as a representative from that body, as he had expected He had no right to claim the distinction of being elected an honorary member. The honor had been kindly conferred, and was received with feelings of the most sensitive gratitude on his part. (Applause.)

The Committee on Admissions reported Drs. Austin, of Sandusky, Hitchcock, of Port Clinton, and Trimbley, of Florence, and moved that they be admitted as members of the Society. Carried.

The election of permanent officers being now in order, Drs. Baker and Kinkaid were appointed as tellers. The list of officers reported by the Committee on Nominations was unanimously adopted.

Professor Smith and Dr. Wright conducted the President elect to

the chair; on taking which he thanked the Convention in the following words:

Gentlemen: I sincerely thank you for this expression of your characteristic kindness and confidence. I can but distrust my qualifications for the position you have assigned me, and shall enter upon the discharge of its obligations with many misgivings. My life having thus far been almost exclusively devoted to clinical pactice, the rules for the guidance of deliberative assemblies have escaped that careful attention on my part which it should receive in order to fit one for the proper discharge of duties which devolve upon the President of this Society. However, I accept the position you have conferred, and hope to meet approval.

It was moved that the valedictory address of ex-President Allen be received.

Dr. Thompson moved that its delivery be deferred until to-morrow, and that the citizens of Sandusky be invited to attend the deliberations of this body.

Dr. Baker said he intended to introduce a resolution of this character. It was usual for the valedictory to be deferred until the second day. He moved, therefore, the adoption of the latter motion.

Dr. — thought it proper to invite the ladies particularly to be present to-morrow afternoon.

The retiring President said his address was somewhat technical and intended mostly for the profession, and thought it would not be interesting to the generality of listeners.

Dr. Smith thought it would be better to leave it to the resident profession to invite the ladies to be present when they thought proper. He would be glad at all times to have the citizens generally attend our deliberations, but he would rather that the business should be done in its regular order.

Dr. Baker—Mr. President: If you will cast your eye over the present assembly, you cannot fail to discover that there has been a great falling off in our Association. I have, on former occasions, seen as many in attendance as would fill this Hall. Why the falling off? Is it not because we lock ourselves up from the public that there is now so little interest manifested? I have heard that our deliberations were of a character not to interest the ladies; but I contend that where a set of professional gentlemen are found—a set of men who have at heart the interests of the ladies—there the ladies should be admitted. They should be admitted wherever their interests are at stake. It is casting a reflection upon the ladies of our country to say that they should not be admitted to our deliberations. Why, their presence would cut off a vast amount of unnecessary debate, and profitably circumscribe our action. If they come once and were not pleased, they could stay at home. We

should, however, make it a standing rule of the Society to invite all citizens. Some of the profession—indeed many of them—have come to the conclusion that one of the best modes of destroying quackery would be to invite ladies and gentlemen, and the gentlemen in particular, to be present at our deliberations. And not only them, but to invite the quacks themselves to come up here and contend for their dogmas.

Dr. Thompson said we were at one time more public in our deliberations. Citizens used to attend, and many of them have expressed their gratification; and if I were to urge this matter anywhere in Christendom, I would do it here. I speak in all earnestness when I say that I wish the people of this place prosperity and enjoyment. I think they would derive enjoyment by being present and listening to us. Dr. Holston, however, is going to present a paper which the ladies need not be present to listen to, and I trust that a special hour will be set apart for its reading. The ladies of Sandusky have been particularly partial towards us, and shown us special favors, and we certainly ought not to be behind them in gallantry.

Dr. Wright. My friends over the way never heard the word *lady* but they go half crazy. (Laughter.) In all seriousness, it strikes me the reading of the valedictory ought to be left to the ex-President himself.

Dr. Baker. Mr. President——

Dr. Wright. I see that the gentleman is agitated. (Laughter.)

Some considerable confusion intervened, during which Dr. Kinkaid obtained the floor and offered an amendment to Dr. Baker's resolution.

Dr. Baker. Will the gentleman wait? This resolution does not have reference to the address of the ex-President—it is only to invite the citizens to attend our deliberations.

Some one here rose to a point of order. The original motion was whether the ex-President should read his address, and now another motion was before the house.

Dr. Allen said that for the sake of setting the matter at rest, he would state the subject of the address. It was, "The State of the Medical Profession in Ohio, past and present;" he liked the idea of inviting the ladies, but thought his address would not be entertaining to them.

Dr. Baker hoped the motion to read the address now, would be withdrawn. This address ought to be read before the citizens.

Dr. Kyle moved that half-past two o'clock to-morrow, be appointed for the reading of the ex-President's address before the citizens of this place.

Dr. Kinkaid thought that it would be better for the members of

the faculty of this place to use their own discretion in regard to the time.

Dr. Baker said it would be just as easy for the Society to attend to it themselves.

Dr. Kinkaid insisted on the amendment.

Dr. Baker. I cannot sit still and see the matter work in this way. It is a reflection upon the intelligence of the ladies and the citizens of the place. Husbands know what is best for their wives, and fathers for their daughters. The ladies of this place have shown us favors, and we must do our part up, fair and square. Rather than entertain the amendment of Dr. Kinkaid, he would withdraw his motion. The motion was withdrawn.

Dr. Jones offered an amendment to the sixth article of the constitution, that the words "ballot and" be stricken out. Before action can be taken on the amendment, it must lay over one year.

The Vice Presidents elect then took their seats.

Dr. Cochran read two letters received by the Executive Committee from the Superintendents of the Sandusky, Mansfield & Newark, and the Mad River & Lake Erie Railroads, stating that they would carry the members of this society over their roads, free of charge, upon the certificates of the officers of their society stating that they had paid full fare one way. He said the Cleveland & Toledo R. R. Co. had declined complying with the request.

Dr. Baker said the Cincinnati, Hamilton & Dayton R. R. Co. had published in the papers the fact that they would carry the members home free of charge.

On motion of Dr. Kinkaid,

Resolved, That the letters of these companies be placed on file and the thanks of this association be returned to them for their liberal proposition.

On motion, the Secretary read the Treasurer's report.

It was moved that the report be referred to the Finance Committee. Carried.

Dr. McMeens gave notice that he would read a paper entitled, "Topography, Hydrography, Geology, Meteorology, Mortuary Statistics, Endemics, and Epidemic Diseases of Sandusky."

Dr. Mead, of Cincinnati, announced that he would read a paper on "Moral Insanity."

Dr. Kyle gave notice that he should read a paper entitled "A short history of the Veratrum Viridi and its Use in the treatment of Disease with Quacks."

The Secretary read the names of the different Committees and asked if they were ready to report.

Dr. Kinkaid moved that Dr. Dawson's report on Surgery be made the order of business for to-morrow morning at nine o'clock, which motion prevailed.

Dr. Holston then read his report, which was very lengthy, and very spicy; but before he had finished, a motion to adjourn prevailed.

Adjourned.

SECOND DAY—FORENOON SESSION.

The society was called to order by Vice President McFarland. Minutes of yesterday afternoon read and approved.

Dr. Firestone offered the following resolution:

Resolved, That a committee of three be appointed by the President of this society, whose duty it shall be to memorialize the legislature, at its next session, to pass a law requiring all parents and guardians, to protect the youth under their charge, from the ravages of that loathsome disease, small pox, by vaccination, with proper penalties by fines for their neglect of this important duty on the part of said parents and guardians.

Adopted.

Dr. Dawson, chairman of the committee on Surgery, then read the report of that committee, which, although lengthy, was highly interesting to the profession, giving a history of the rise and progress of the science of Surgery in Europe and America; and in this connection he took occasion to say that Americans were inclined to overrate themselves in all particulars — that this weakness extended to the profession of surgery and medicine, and that our physicians would, out of pride, report only the cases in which they were successful, concealing those in which they were unsuccessful.

The report condemned this custom, and advocated a full report of all cases, whether successful in their treatment or not. All should be willing to publish their errors as well as successes, for the benefit of posterity. All great minds have always been willing to do this. It is wrong to give out that every fracture could be cured without deformity. It does great harm and should be discountenanced. The report was received with applause.

Dr. Stillman moved that the report be referred to the Publishing Committee.

The committee on Admissions reported the following additional names, and recommended that they be received:

Joseph C. McBeth, Galion; A. W. Munson, Kenton; W. H. Park, Tiffin; W. C. Daniels, Toledo; S. T. Finch, Green Springs; Thomas Stillwell, Fremont.

The report was adopted.

Dr. Baker said before the report of the committee on Surgery is referred, he had a few remarks to make. He said in his estimation the most valuable part of the report had been omitted in the reading —that part which would call out debate and give opportunity to "legislate." In the body of the reports there is nothing presented for us to discuss. We need the essence of them. This would be something for us to pick at. In reference to the Americans we are told that we overrate ourselves in everything that we do. I deny this most emphatically. Whatever they claim to do they perform, and if that is overrating themselves; I do not know what the term signifies. That they report the successful and not the unsuccessful cases may be true; but that is not overrating themselves.

The debate was cut short in order to give the Financial Committee an opportunity to report.

It was moved and carried that the financial matters of the Association of the year 1852, be considered settled.

Dr. Baker then resumed his remarks, and spoke at length on the subject of fractures.

Dr. Holson said he was very highly gratified at the lengthy remarks of Dr. Baker. In the very opening of that gentleman's remarks, he complained of the length of the reports, and in commenting upon them, his remarks were drawn out to a length almost as long as the reports themselves. He has also found fault with their selection of subjects, generally speaking, it is best to have reports short, but there is often complaints uttered against their meagreness. When a committee does its best, it seems hard that it should be blamed. Fault is found with the selection of history as the subject of our reports. History is philosophy, teaching by example, and has its influence upon the progress of science.

Dr. Wright said he thought the committee should not be so sensitive about Dr. Baker's remarks.

Dr. Thompson was gratified to see the reports as they were read, as they brought up old recollections.

Dr. Blackburn. My friend, Dr. Dudley, has been spoken of frequently as a selector of cases. I think this is a mistake, for I am

well acquainted with him, and I am confident that the only way he selects his cases, is by preparing them.

Dr. Baker explained. He did not intend that his remarks should reflect upon Dr. Dudley.

Dr. Dawson thought when he read the report, it would not be the subject of so much discussion. The object he had was to collect facts from history and give them to the Association. He merely referred to the historical part for the purpose of giving the origin of the mechanical era of surgery. He spoke at length in defence of the report. He had omitted to read the pathological portion, which absorbed some twenty-five or thirty pages.

Dr. Baker then arose and replied in some very warm remarks to this defence, saying that he did not expect to receive such treatment from the chairman of the committee on surgery—Dr. Dawson.

Dr. Dawson explained. He did not intend to treat the gentleman otherwise than with respect. If he had done so it was an error of the head and not of the heart.

A motion to adjourn was withdrawn to give the Financial committee an opportunity to report. The report was received and adopted.

It was then moved and carried that the reports of Drs. Thompson and Dawson, be referred to the committee on Publication.

Adjourned to 2 o'clock, P. M.

SECOND DAY—AFTERNOON SESSION.

The Society was called to order at 2 o'clock, by Dr. McFarland, Vice President, and the minutes of the morning session were read and approved.

Dr. Mullen offered the following resolution, which was adopted.

Resolved, That the Secretary of this Society be hereby directed to issue his certificate of membership, to insure free railroad return, to those members, and only those, who have paid their dues to the Treasurer.

Dr. Rea offered the following:

Resolved, That a list of the members of the Society be published, with the transactions of the present session, and each delinquent name be designated by a star, (*) with the proper explanation.

This resolution was adopted. The ex-president then read his valedictory address, which was listened to with deep interest, and received with applause.

Dr. Kyle offered a resolution tendering the thanks of the Association to the late President, for the able and impartial manner in which he has presided over their deliberations during the past year. Carried.

Dr. Allen then responded, thanking the Association for this expression of their flattering approval.

Dr. Davis, from the committee on admissions, offered the following as suitable persons to become members of the Association: W. F. Dean, of Milan; Joseph Caldwell, of Huron; A. F. Matson, of Logansville.

Dr. Taggart offered the following:

Resolved, That it be made the duty of the publishing committee to publish the amended constitution, by-laws, and standing rules, yearly, with the transactions of the Society.

Dr. Smith, of Columbus, thought that if the constitution were stereotyped, it would save considerable expense; and he thought it would be better to defer the question until some of those amendments could be discussed and acted upon.

Vice-President Burr said the suggestion of Dr. Smith ought to be adopted. The constitution and by-laws should be brought before members in the convenient form. The resolution was adopted.

Dr. Kinkaid wanted to know if the Association were ready to hear the report of the committee in the case of Drs. Wright and Wood.

Dr. Holston moved to take up the papers connected with the case above referred to, which motion prevailed; whereupon,

Dr. Kinkaid, chairman of said committee, remarked: I hold in my hand a report that has been made by one of the members of that committee, who was delegated as chairman. An investigation has been had with reference to the facts. That investigation is here, with all the papers connected therewith. It is a voluminous report, and I desire to present a substitute.

This report was, in substance, that the case of Dr. Wood does not come within the jurisdiction of this Society because the offense charged against him occurred before he became a member of this Association, and no objection was made to his admission here, and no charges were made against him at that time.

The committee asked to be discharged.

It was moved to accept the report and resolution and discharge the committee.

The discussion upon this motion was continued, *pro* and *con*, until

near the hour of adjournment, when it was finally decided by adopting a substitute by Dr. Gundry for Dr. Kinkaid's report, to the effect that the committee be discharged.

The members then occupied the remainder of the session in giving their respective views of obstetrics.

Adjourned till to-morrow morning at 8½ o'clock.

THIRD DAY — MORNING SESSION.

Dr. Burr called the Association to order. The minutes of the previous session were read and approved.

It was stated that it was in order to listen to the report of Dr. Kyle on "Veratrum Verida and its Uses in the treatment of Diseases, with Cases." Dr. K. read the report, which gave a description of the plant and the latitude of its growth; its uses in different cases and where it can be used with safety, and other cases where it should be used very cautiously. The report closed by urging upon the Society the importance of laying aside all personalities, and coming up here for the purpose of discussing such subjects as will tend to the advancement of the medical science.

Dr. Thompson moved that the report be accepted. Carried.

Dr. Thompson said he had used the remedy to some considerable extent during the past year, and so far has been pleased with the results. He had seen positive results in several important cases, and cited several cases in which veratrum had been used by him, in conjunction with other articles, in which the result had been entirely satisfactory.

Dr. Rogers said he had used this remedy for the last two years, and considered it a valuable one. He had never been disappointed in its effects. It was of peculiar benefit in cases of pleurisy and typhoid fever. It is a good substitute for blood-letting. He used Norwood's saturated tincture. In inflammatory rheumatism, he thought it was better than all other remedies. He had treated many cases during the last year, and relied upon this remedy entirely.

Dr. Scott said that in cases where excitement of the heart was apparent, he fully concurred in all that had been said; but in the treatment of inflammatory rheumatism he would not depend on that alone. There is in that disease something besides excitement of the heart, and it required something besides this remedy. In the disease called typhoid pneumonia, he would rely upon veratrum. Dr. Thompson had said that he used it combined with laudanum, but he thought laudanum or morphine was an antidote to veratrum.

Dr. Thompson said he knew the *effect* of his administration of the compound of laudanum with veratrum, and that was enough. It

would not be expected that physicians, when required to administer an immediate remedy, were to stop to analyze a substance to see whether its effects were antidotical and neutralizing when joined with a given remedy. The effect of his treatment disproved that laudanum destroyed the action of veratrum. He also knew that delirium tremens could not be cured without something which would have a controlling effect upon the nervous system. He had recently noticed that a French chemist has discovered that ammonia was an antidote to drunkenness, a fact that he supposed every physician knew. He was ashamed when he saw this announcement as a recent discovery. Any disease should be treated by administering a remedy which is more powerful than the article which has wrought the evil.

Dr. Kinkaid said the subject before the Association was to him one of a great deal of interest, as the article under consideration was becoming very extensively used by the profession. He had used the remedy considerably in his practice. During the past four months they have had a good deal of pneumonia in his region of country, and he had treated perhaps fifty cases, using veratrum verida. This epidemic had given him an opportunity of witnessing the good effects of this remedy. He had serious doubts about its efficacy in advanced stages of typhoid fever, although in the first stages of that disease he had no doubt that it would have a salutary influence. He had used it in cases of this disease, and its effect in reducing the pulse was astonishing—having on occasions brought them down in twelve hours from over one hundred and forty to sixty. As a sedative in inflammatory rheumatism, he had never experienced more benefits from any article than from this. He thought that great good would come from members presenting cases here, and the result of such a course would be beneficial to all.

Dr. McMeens said he had used this remedy somewhat, and gave a statement of two cases in which he had used it, both cases being nearly similar in their nature—in the one it had a beneficial effect, and in the other the reverse He presented these cases for the consideration of the Society.

Dr. Smith said he would like to know what the *modus operandi* of this remedy was, and what was the particular nature of the cases in which it should be given. Gentlemen think it should be given in pneumonia, and that it answers the place of blood letting: but there are cases of pneumonia in which blood-letting does no good. In which case do gentlemen use it in pneumonia?

Dr. Kinkaid said he stated it might be used in the early stages.

Dr. Smith. I have used the remedy to considerable extent, and found it reduced the action of the heart, and diminished its tone as antimony or as blood-letting did. In the next place what is its effect upon the nervous system? I fear we are in great danger of complicating the subject. I think it is only an adjunct to another important remedy—blood-letting. He had used it in cases of disease of the heart. As to its usein cases of rheumatism he could not say what its value is more than that of antimony, or other remedies of that nature. I think that we will find, however, that it is a remedy never to be used in a depressed state of the system.

Dr. Firestone had calculated to say nothing whatever on this subject when this discussion commenced. He had had cases of insanity under his control in the Asylum at Newburg, in which he had administered this remedy with the most satisfactory results. He had reduced the pulse from 140 to 80 in six hours. When his patients got so that he could not control them, instead of locking them up in dark rooms, he put them on veratrum. He never saw a remedy have the same good effect in insanity as this.

Dr. Baker did not wish to "pitch in." His experience was like that of Drs. Thompson and Firestone. We are told that it produces various actions upon the system.

Dr. Kyle. I believe it has never been claimed that it acted as a cathartic.

Dr. Baker understood that it had been claimed by one gentleman that it did. Some gentlemen had used it in conjunction with other medicines. His plan was, in most cases, to use it alone. He had been disappointed in its action in the cases in which he had used it. He thought it would be better for those persons using it, to select their cases and use it alone, for then a fair trial could be given.

Dr. Boyd offered the following resolution:

Resolved, That the thanks of this Society be returned to the citizens, and more especially the *ladies*, of this city, for the kindness and generous hospitality which they have shown to its members during their short stay in their midst. Adopted.

It was moved that the report on veratrum be adopted and referred to the committee on Publication.

Dr. Holston cited a case of death which he thought conld be traced dirccdy to the action of veratrum. Upon the first view of this stranger he viewed it with rather a suspicious eye. He wanted to know to what class of medicine this article belonged. The reduction of the pulse seemed to be the only effect that was produced by it, in his practice. He had seen it paralyze the heart's action to that degree that it never started again. He related some cases to show that this pet "lion" is not the harmless thing it is represented to be.

Dr. Harmon thought that when active blood-letting was efficient, veratrum would alike be efficient. He found it to be beneficial to a great extent.

Dr. Brennan said as far as his experience went, a general prostration was the result.

On motion of Dr. Hurxthal, the report of Dr. McMeens was read. It was moved that the report be received and placed in the hands of the committee on Publication.

The report of the committee on Practice was then announced to be in order, whereupon, Dr. Smith, the chairman of the committee, read the report.

Dr. Holston offered a resolution, that when we do adjourn, we adjourn to meet at Columbus, on the first Tuesday in June, 1858,

and that that place be made the permanent meeting place of the Society hereafter.

Dr. Hurxthal moved an amendment, that Massilon be inserted in the place of Columbus, and that all after the figures 1858 be stricken out. Motion prevailed.

Dr. Hayes was then invited to give his views to the Society in regard to the treatment of chilblains, frost-bites, &c., and in a few able and comprehensive remarks related his experience in the treatment of those diseases in the Arctic regions.

Adjourned to meet Friday morning.

THIRD DAY—MORNING SESSION.

We give a brief synopsis of Dr. Hayes' verbal report on Arctic diseases, omitted in yesterday's account of proceedings.

He said that the influences of climate upon the animal economy were marked, and the diseases peculiar. He had never seen a case of Tubercular disease among the natives, and this is doubtless due to the great consumption of fatty food. If he had a consumptive patient he would send him to Greenland if possible, and put him upon train oil diet, with a dog sledge and a bear hunt for exercise. He had heard of but one case of hemorrage from the lungs, through his friend, Dr. Kane, jr.

The crew of the Advance suffered much from scurvy, but the Esquimaux are rarely afflicted with it. The prevalence of this disease he attributed to the combined influences of salt food, darkness and cold. The darkness seemed to have a bleaching effect, and tended to diminish the coloring matter of the blood. The brick-dusty appearance of the blood, mentioned by Dr. Kane in his narrative, expressed it very clearly. In the treatment of this fearful disease he derived much benefit from the use of raw potato, which he dressed for his patients as a salad; but its effect was lost when the severe cold weather of mid-winter set in, overpowering the vital forces. Strong carbonacious food was then requisite, and potato was good only as an adjunct. His specific was then walrus meat, or still better, the liver of the same animal. But the term *specific* he would only use here as applicable to the meat in its raw state. It seemed then to have a power which was lost by the process of cooking. Like cooked fruits and vegetables, it lost its freshness. He gave it at first to his patients dressed like the potato, as a salad. They afterwards became partial to it, and overcoming their repugnance to raw flesh and hard frozen, they really often preferred it thus.

It is in this condition the natives mostly take their food, and from them the Doctor received the idea, to which he believed the ship's company owed its salvation. They had no vegetable food, and a strictly animal diet, in that region, seemed to furnish all the requisites of perfect health.

By request of Dr. Kinkaid, Dr. Hayes gave his experience with frost bite, and how he had derived valuable aid from the practice of the Esquimaux. He would relate a case falling under his notice. An Esquimaux had his leg frozen above the knee, stiff, colorless, and, to all appearance, lifeless. He was placed in a snow house at a temperature of 20 ° below zero. The parts were bathed with ice cold water for about two hours, then enveloped in furs for three or four hours. Then frictions were used, first with the feathery side of a bird skin, then with snow, alternately wrapping the limb in furs, and rubbing it for nearly twenty-four hours. It was then carefully wrapped up, and the temperature of the snow house elevated, by lamps, above zero. On the third day the patient was taken to his house, (where they have often a temperature of 70 or 80 deg.) and in seventy hours he was walking about with only a slight frost bite on one of his toes.

This treatment the Doctor thought highly philosophical, and he profited greatly by it in his own practice with frost-bitten limbs. The point being to keep away all extreme heat, and allow the vital powers of the system to do their work. By exposing a frozen part to a warm temperature the skin becomes thawed out, and dies before the circulation can work itself through the underlying frozen tissue.

FOURTH DAY—MORNING SESSION.

The Association was called to order by Vice President Holston. The minutes of the previous session were read and approved.

Dr. Scott read the following resolution, which had been presented for the consideration of the profession on former occasions, which he would amend by striking out the word "medical," and which he would offer for adoption:

Resolved, That a committee of one member from the faculty of each regular school in the State be appointed by the Chair to report to this Society at its next session on the advantage of medical education.

He said this resolution could not have been reported correctly, and he would therefore offer it with the word "medical" stricken out. He held that the profession of medicine in Ohio demanded at the hands of the professors and teachers of medicine in this State, something upon this subject—that young men who are admitted to the study of medicine, whether by professors of medicine and surgery, or by private practitioners, should be required to go through certain preliminary education. In the profession of arms in our country, young men intended to enter that profession, are required to present themselves qualified with a certain amount of education—and not a

very meagre amount, either. The institution at West Point turns out a class of men than whom no class in the world stands higher.

Chairman. The gentleman will confine himself to the resolution. We are not to discuss matters at West Point.

Dr. Scott. In our profession, which I hold to be far more honorable than the profession of arms, we have to deal with intricate questions of *philosophy*, and is it not necessary that students should have this education? It is for our medical colleges to see to this thing. This subject has been presented to this society in some form every year since its organization, and it has been contended that this association has nothing to do with it; but the time has now come when the medical colleges of Ohio cannot flourish unless they assume a standard equal to any medical standard in the country. The facilities for speedy travel are now such that if a young man cannot get an education in his own State, he will go to London or some other trans-Atlantic city to get that which he cannot obtain at home. This is the very place to talk about improvement in our profession.

Dr. Cole rose, but as his remarks were not to the point, he was called to order.

Dr. Kinkaid said the remarks on both sides were irrevelent. He read the resolution as given in the *Medical Journal*, and said that all it requires is a committee to report the necessary qualifications for a student to be admitted into any office for the study of medicine. It does not refer to qualification in a literary capacity. He did not see why the word "medical" should be stricken out. By striking out that word the resolution would be destroyed. He was present when the resolution was introduced, and knew the object of it was as its reading signifies.

Dr. Scott held in his hand that resolution as it was published in the proceedings of last year, in which the word "medical" did not occur. If this word be inserted, then it would convey the idea that the student had received a medical education at the time he commences his studies of medicine, and should at once be entitled to a diploma. There could be no doubt that the object was to see that the student had a proper preliminary education.

The question, on the adoption of the resolution, as amended by Dr. Scott, was then put and lost.

The executive committee for the current year was then announced, as follows: Drs. Metz, of Massillon; McAbee, of Canton; Firestone, of Wooster; Slusser, of Fulton; Hurxthal, of Massillon.

Dr. Gundry moved that the report on "Microscopic Pathology" be placed in the hands of the committee on Publication. Carried.

Dr. Thompson presented a report on "Deaths by Chloroform," which, on motion, was ordered for publication.

Dr. Kyle called for the reading of the report of the committee on Medical Societies, when it was stated that no report had been made.

Dr. Firestone called for the announcement of the Standing Committees.

The President said that all the committees would be published in the transactions, but as members were about leaving, it would be better to omit the reading now.

Dr. Scott said, were it not for the lateness of the session he should object to referring these reports to the Publishing Committee without discussion; but under the circumstances he thought it might be as well to do so. He presented a report on Medical Literature, which, on motion, was referred to the Publishing Committee.

The following was announced as the Committee on Publication:

Dr. H. J. Dunahoo, Sandusky; Dr. R. H. McMeens, Sandusky; Dr. Charles Cochran, Sandusky; Dr. Richard Gundry, Dayton; Dr. J. A. Coons, Dayton.

Dr. Baker offered the following resolution, which was unanimously adopted:

Resolved, That to tender our thanks to the citizens and profession of Sandusky, would be but a faint expression of our feeling, and to say that we have been made to forget that we were strangers, would express what their hospitality and friendly intercourse fully justify.

It was announced that the delegates to the National Convention had been reported and would be published in the *Medical Journal*.

The report of the committee on Insanity was referred to the Publishing Committee, as was also the report of Dr. McMeens on Uterine Diseases, and also a paper from Dr. Thompson on "The Regulation of the Practice of Medicine."

It was suggested that the Secretary forward the names of the Standing Committees to the Chairman of each committee, that he may inform his coadjutors of their appointment.

Dr. Hurxthal made a motion to adjourn. Before it was put, Dr. Holston, President *pro tem.* gave up the chair to its legitimate occupant, Dr. Tilden, and thanking him, on behalf of the association for the able manner in which he had presided over its deliberations, desired him to close its proceedings.

The motion to adjourn was withdrawn, whereupon the Secretary announced a report from the committee on Ethics, by Dr. Hildreth, of Zanesville.

Dr. Hurxthal said that as this report was an important one, and one that might require some discussion, he would move that it be laid on the table, which motion prevailed.

Dr. Gundry offered the following, which was adopted:

Resolved, That a vote of thanks be tendered to the publishers and reporter of the *Register* for their kindness in giving a faithful report of the proceedings of this association.

It was then moved and carried that this association adjourn to meet in Massillon, on the first Monday in June, 1858.

ART. II.—*On Migrations in Micronesia.* By L. H. GULICK, M. D. Ponape, or Ascension Island, Pacific Ocean.

The following facts illustrative of migrations in Micronesia, the most of which have never before been published, will serve to solve difficulties regarding the first settlement of these islands; and will tend to confirm the opinion of Latham and others, that Polynesia was peopled through Micronesia. They are but the first sheaf of the harvest which will be gathered as the various islands of this archipelago are settled, by those able and willing to collect and report. As the various groups of this most interesting region are reached, their language reduced, and their traditions gathered, it is certain we shall be able as definitely to trace the tide of voluntary and involuntary migrations from island to island, as Hale has accomplished it for Polynesia.

Of Migrations Westward—1. It is not an unfrequent occurrence for canoes to drift from the Kingsmill group westward to Ocean Island, the native name of which is Banabe, lat. 1° S. long. 170° E.; a distance of from four to five degrees. A number of such inhabitants, are now, it is said, to be found on the Banabe.

2. Several involuntary migrations have taken place from the Marshall Island to Russia, (Ualan or Strong's Island,) within the memory of the inhabitants. King George, deceased 1854, told of four different canoes, at four different times, that had floated there within his own reign, and that of his predecessor, from an island to the N. E., called Inborn. "From five to twenty individuals came in each case, but most of them after remaining awhile, returned to their island, or at least left with that intention, and never came back."—Letter to the Rev. J. P. Thompson by J. T. Gulick.

Again in April, 1856, five canoes drifted to Strong's island, from the Northern Marshall island, bringing about 100 individuals, men, women and children, the latter quite numerous.

3. The Wellington island, lat. 6° 40 min. long. 160° E., were peopled from the east within the memory of an old woman, living till within about five years. Mr. J. T. Gulick gives the account as follows: "Biddle says that when he was on the island in 1851, there was then living an old woman, apparently a hundred years of age, who said she was among the first who came to the island. Their homes were on an island far to the east, but when out fishing they were driven to sea by a strong wind, and after many days came to this island. In this first company there were three canoes, and perhaps fifteen or twenty persons. Others were driven to the island at a later period; and natural increase has now swelled the number to one hundred and twenty, including men, women and children."

Again in the spring of 1856, a considerable reinforcement of involuntary emigrants arrived from the east.

4. Several canoes, full of men, women and children, arrived at Ponape, or Ascension island, lat. 6° 55 min., long. 158° 25 min. E., about the year 1835, having drifted from the island of Maraki, one of the Kingsmill group, a distance in longitude of not less than fifteen degrees. This is the migration alluded to by M. Maigret, of the S. islands, as reported by Mr. Hale, of the U. S. Ex. Ex. (Report, p. 190.) They first taught the Ponapeans to cut the spathe of the cocoanut tree for its delicious sap; and which is so readily perverted into an intoxicating fluid.

5. About fifteen years since, several natives of Ponape were on a visit to the Raven island, a small coral island group, about eighty miles southward from Ponape, the native name of which is Ngatik. In attempting to return to Ponape during the tradewind season, they were driven westward, and ultimately landed on the Hogoleus island, lat. 7° No., long. 152° East, six degrees distant. A trading captain afterwards returned the survivors to Ponape, where one of them is now a considerable chief of the Katelamine tribe.

Of Migration Eastward.—1. Several canoes were drifted in 183–, to the Raven or Ngatik Islands from some group to the west, supposed to have been the Young Williams or Mortlock island, some four degrees distant. By the barbarous counsel of the whites, dominant on the island, the women alone were preserved alive.

2. The Rev. Messrs. Sturges and Doane, of the Ascension I. Mission, touched at McAskill island, lat. 6° N., long. 161° East, in January, 1856, and found a considerable population, among whom was an old gray-headed native who said he had been drifted there from the Jekoits tribe of Ponape, a distance of about three degrees.

3. The most prolonged migration, however yet known in Micronesia, is that recorded by Kotzebue, of a native of Ulie, lat. 7° N., long. 144° East, found by him in 1857, on the island of Aur, of Radack Chain, in the Marshall Archipelago, lat. 8° N., long. 171° East. The distance in this case traversed, was about 27 degrees, or over 1500 miles.

Of Winds and Currents in Micronesia.—With the exception of the southern portion of the Kingsmill Gr., Micronesia (embracing as it does, the Kingsmill, Marshall, Caroline, and Ladrone island,) lies in north latitude, and is principally acted upon by N. E. trades. During the winter season, while the sun is in southern declination, the trade winds follow it, and sometimes reach as far down as within a degree or two of the equater, and occasionally even extending south of it. During the northern summer the trades oscillate so far north, that the southern limits of their zone may be found in 9° and 10° N. During this period of northern oscillation, westerly and variable winds prevail through the whole of the Marshall and Caroline ranges.

The currents are more complicated, and yet not so much so but that they may be readily understood. The N. E. trades form a general current toward the S. W. The S. E. trades form a general current toward the N. W. In this way the waters are, as it were, piled up in the equatorial regions, and set toward the west. On each side of this western current is a reactionary stream, setting with considerable force to the east. During the summer the trade-wind zone draws down towards, and sometimes even south of the line, and the great equatorial current is also pushed south; while, during the winter, the whole sytem of winds and currents oscillates northwards. The central current is from two to three degrees in width; the others, on each side, perhaps a degree each.

Such are the teaching of Lieut. Maury, and they are confirmed by the facts observed in these seas. It is probable that south of the line, and particularly toward the west, these currents are much perturbed by the N. W. monsoons that every summer pour down from the China seas, along the New Guinea coast. Yet, such perturbations are south of the mass of the Caroline island, and of any portion of habited Micronesia, save the extreme west.

The following facts are readily explained by the above statements. During most seasons of the year, ships tend to the leeward, that is westward, of the Kingsmill island, because they are in the great equatorial stream. Yet passing either to the north or south of this stream, the current sets eastward; so that any one wishing to move east, will find it advantageous to seek this current, as, for instance, making the passage from Ascension to Strong's I., when the winds do not allow of making direct passage, During the summer, the northern of these two reactionary currents oscillates so far north as often to include Ponape and most of the Caroline range. It is during this season of the year, a vessel has difficulty in working to the west between the parallels 5° and 8°. The Miantonomi was wrecked on Ponape Nov. 20, 1854, before the setting in of the N. E. trades.—Not long after, portions of a vessel were drifted ashore on Wellington's Is., about one degree east of Ponape. Large trees are drifted to all the Micronesian Is. They arrive at all seasons, but principally, I think, during the prevalence of the trade winds. Many of them are immense trees of spruce or pine, which favors the supposision that they are from the coast of North America. But pumice-

stones are also drifted to all these islands, particularly to those of the Kingsmill group, sometimes of large size. The East India Islands are noted as volcanic regions, and it is probable these are drifted from there in eastern currents along the margins of the great western stream. That this is by no means improbable, is shown by the fact that Capt. Smith, of the Clara, New Bedford, in June and July of 1853, drifted nearly the whole distance from about the longtitude of the Pelew island to Ascension, between the parallels of 3° and 4° north, being but little assisted by favoring breezes.

Inferences from the above Facts.—It is palpable from what has been stated that the early migrations in Micronesia, by which the islands were first populated, might have taken place either from the east or west, with almost equal facility. It has hitherto been deemed a difficulty connected with the hypothesis that Polynesia was peopled through Micronesia, that it involved the supposition of an advance through the Caroline range in the teeth of the trade winds. Now that the trade winds are seen to recede north of them during the half of every year, and that during the same half of the year, currents from the west are known to frequently set through the whole range, every difficulty vanishes, and it is next to an absolute certainty that Polynesia was peopled rather from Micronesia than from Melanasia (embracing New Guinea, the Solomon Is., and the New Hebrides;) and much more readily than by direct voyages from the East India Islands.

The intention of the writer is not to deny the possibility of direct migrations from Malanasia to some point in Polynesia, the Samoa Is., for instance. The Missionary, Williams, says:

"So convinced am I of the practicability of performing a voyage from Sumatra to Tahiti in one of the large native canoes, that, if an object of sufficient magnitude could be accomplished by it, I should feel no hesitation in undertaking the task."

And what Mr. Williams says of South Sea canoes is equally applicable to the larger class of Micronesian canaes—such as were once built on Ponape, and such as are still used on many groups. But if this longer voyage be so possible and probable, certainly the shorter series of voyages through Micronesia were much more so.

It has been well remarked of Polynesia in general, that the only important argument against the inhabitants having migrated from the west, was the supposed uniformity of strong east winds. But now that it is well known that winds from the west often occur at all the South Sea Islands, which are possibly connected with the N. W. monsoons of the Malayan Seas, that objection ceases to exist.

In the same manner, the only objection of importance against the advance through Micronesia to Polynesia has been the head winds, and now that this is removed, scarce a semblance of an objection exists. Employing Latham's terse phraseology. the meteorological 'conditions" are found to coincide with the "land and sea conditions," and there is both an "ethnological" and a "geological continuity" from Malaysia through Micronesia to Polynesia.

For those not familiar with ethnology of the Pacific Ocean, it will

not be misplaced to remark, that the interests of establishing the possibility of migrations through Micronesia to Polynesia turns upon the fact that the tract which would seem to have been the most natural one, viz:, through New Guinea, the Solomon, and the New Hebrides Is., is occupied by a very diverse negro-like race, called Papuans, among which are no traces of either the Malay or Polynesian.

ART. III. — *Eunuchs, Circumcision, and Leprosy in the East.* By Dr. J. OSCAR NOYES, late Surgeon in the Ottoman Army.

The Mussulman law distinctly interdicts all mutilations of the human body. Moslems, generally, prefer death to an amputation, or a severe surgical operation of any kind. But, notwithstanding this, the employment of Eunuchs is still retained in the East. Their use by the Asiatic monarchs dates from a remote antiquity. They were numerous in the Eastern Empire before its fall; the Eunuch Narses having been, in fact, one of the best Generals of the Greeks. Wherever polygamy has existed, these mutilated specimens of humanity have been employed, and probably will be as long as that institution shall have an existence.

While in Constantinople I learned some curious facts relative to Eunuchs, which were confirmed during my visit to Egypt, where they are much more common than in European or Asiatic Turkey, on account of the greater facility in procuring proper subjects. The Turkish grandees obtain their Eunuchs from Egypt, where, in fact, they are exclusively made. The trade is not so active as in former times: as many of the Turks now confine themselves to one wife, there is not so great a demand for these Argus-eyed guardians of Eastern harems. So far as I could learn, about three hundred Eunuchs are annually made in Egypt, some of whom occupy important posts in the Turkish and Egyptian governments. The *Kisler Aga* of the Sultan, for example, is the third man in the Ottoman Empire, having charge not only over the harem of Abdul Medjid, said to contain in all nearly two thousand females, but being also the director of the revenues of the imperial mosques and the income derived from Mecca and Medina. From a singular custom of the Ottoman Court, which I am unable to explain, a private harem is kept within the walls of the seraglio for the Kisler Aga, as well as one for the chief of the white Eunuchs.

Syout and Gireh, far up the Nile, are the only places in Egypt where Eunuchs are made for the Egyptian and Turkish markets. The white subjects are Circassian or Georgian boys — the black, Abyssinians or Nubians, from six to nine years of age; the latter being brought by caravans from Sennar and Darfour. The village of *Zawry-el-Dyr*, near Syout, is the great metropolis of the trade in Eunuchs. The perpetrators of this horrid mutilation, to the shame

of Christianity be it said, are Christian Copts; and as the subjects of their atrocious cruelty sell from $75 to $200, they drive a very lucrative business for Egypt. The mutilation — according to the Clot Bey, from whom I have derived much information on this subject, is usually practiced in the autumn, that season being regarded as most favorable. In most cases the operators do not confine themselves merely to castration, as is generally supposed, but remove with a razor all the exterior organs of generation. Boiling oil is then poured upon the wound, and a short tube inserted into the remaining portion of the urethra, to prevent the closure of the same during the healing process, through which also the boy urinates. A tube is used for the latter purpose throughout life. Powdered hennah is then sprinkled upon the wound, and the sufferer buried for twenty-four hours up to his waist in the sand. Various kinds of unguents are afterwards employed. Three out of every four submitted to the operation perish. Some efforts have of late been made to do away with this barbarous custom, but it will continue in a greater or less degree so long as polygamy shall remain the law of the East. A wealthy Turkish Pacha, wishing to make Abdul Mejid a valuable present, sent him a number of beautiful Circassian boys, who had undergone the operation I have described, in Egypt. The Sultan, who is a humane and tender-hearted man, could not repress his indignation at the act, and directed that it should never be attempted again.

The Eunuch can ordinarily be distinguished by his exterior physiogomy. He is usually plethoric, beardless, and has a feminine voice, while a sombre and irascible disposition naturally arises from the sense of degradation which he experiences. From a consciousness of physical inferiority, Eunuchs are usually most bigoted Musulmans, seeking in the austere practice of religion a substitute for the ordinary pleasures of life. Some of them have a fondness for female society, and there are instances in which they marry. Circumcision is practiced with the Mussulmans, generally about the seventh year.

In Egypt, females are also circumcised by removing a part of the clitoris. The principal object of this is to moderate the *penchant* of Egyptian females to voluptuousness. It is supposed to have been practiced by the ancient Egyptians, and is not prescribed by the religion of the Moslems.

In the East, young females are valued for their virtue. Effective means are often employed to secure virginity until marriage shall take place. In childhood, the labia are scarified and brought together, when adhesion follows, closing up the vagina, with the exception of a small opening for the urine and menstrual secretion. The jewel, chastity, is in this manner kept safe. After marriage, a slight operation again opens the vagina. By this means an additional value is given to Circassian and Abyssinian slaves. The operation is not performed upon all who are sold, but upon many. It is not practiced to any extent with the Nubians, who are less acceptable to the Musulmans. On the contrary, I have been informed that it is custom-

ary for dealers in Nubian girls to deflower them with the finger, with the idea of contributing thereby to their development. I have also heard it stated, with how much truth I am unable to say, that Mussulmans, when long absent on a journey or pilgrimage, sometimes secure the virginity of their daughters, and even the chastity of their wives, by the means above described.

The Egyptian husband must have ocular proof that he has married a virgin; hence, as among the Arabs, the rupture of the hymen is a public rather than a private act. The husband deflowers his wife in the presence of the mothers of both, and other married females belonging to the two families, with the index finger covered with a white muslin handkerchief. Inspired by the most cruel and shameful jealousy, he often employs a brutal violence in the accomplishment of this barbarous act. The handkerchief, covered with blood, is presented to the friends, who felicitate the victim upon her chastity, and the day after the marriage the bloody proof of purity is exhibited publicly by the mother or sister of the bride. If the proof of chastity be wanting, from malformation or previous rupture of the hymen, the female is sent back to her parents, and sometimes even thrown into the Nile. Fortunately, however, this barbarous test of virginity rarely fails; but Egyptian husbands are sometimes duped by artificial means, employed in the absence of a hymen, or even of chastity itself—means well understood by the inmates of the harems.

While in Jerusalem, I devoted some attention to the lepers. Dr. Simms, of the Jews' Hospital, was so kind as to conduct me to their mud kennels in a little enclosure just inside the Sion gate. But few travelers venture into this mephitic retreat, reeking with filth and corruption, for all avoid contact with the lepers. Of these pitiable objects, slunk away in their wretched dens, or lying near the city gates to reach out a trembling hand to the passer-by, there are about thirty in Jerusalem. The disease with which they are afflicted is by no means confined to Palestine, but appears to be more common there than elsewhere; and surely, O reader, one must travel far to behold objects of such intense and corroding misery.

The following description of the leprosy of Palestine, and of the usual course of the disease, is for the most part the result of my own observations upon cases in Jerusalem, some of the suggestions having been borrowed from an excellent article upon the subject, by Dr. Ainslie, published in the Transactions of the Royal Society.

The disease is common in Palestine, and its unfortunate victims are generally to be seen in the towns and cities. It spares no rank or sect, but is more commonly found among the poor than the rich. Aretarus, of Cappadocia, has given us, under the title of *Elephantiasis*, a very perfect description of leprosy. In his account, written in Greek, he makes particular mention of the falling off of the fingers and the joints of the feet. The medical men of his time not unfrequently called the disease *Leonia*, from the circumstance of its distorting the human face so as to give it an appearance somewhat resembling that of the female lion when enraged. Others bestowed

upon it the appellation of *Satyriasis*, from the lascivious disposition supposed to be one of its attendant symptoms, when in reality neither food nor rest invigorates the sufferer, and all carnal appetites, instead of being increased, gradually die away.

Leprosy does not often make its appearance before the age of puberty. In cases where it does appear before that age, it represses in a marked degree the growth and development of the body. The stature never becomes full and graceful, but remains shrivelled and meagre—the voice also continuing shrill and nasal. The mind suffers as well as the body. Lepers rarely smile, are drooping and listless, and several of the pitiable sufferers in Jerusalem appear to have been actually demented by the disease. The malady commonly manifests itself about the age of twenty-three or twenty-four, and rarely after the age of forty.

The symptoms of the *Lepra Arabum*, for that is the scientific name of the disease in question, are as follows:—A dryness and slight roughness of the skin of the hands, feet, arms, and legs, caused by the want of perspiration, are first perceived. The appetite fails, the sleep is disturbed by wild dreams, and the sufferer often wakes up during the night in a fright, with a palpitating heart and a sense of suffocation. In six or eight weeks his color becomes two or three shades darker, and his features slightly tumid. The dryness and roughness of the extremities are followed by numbness and insensibility to pain; the pulse becomes extremely languid, and dark colored spots and purple tubercles usually appear on the wrists and ankles. The latter are not unlike segments of unripe currants in shape, of a shining and oily appearance, but are not attended with any pain. They increase in size and number, some of them occasionally scaling off to be quickly replaced again, while others generate a small quantity of ichorous matter, which, on drying, occasions a scurvy desquamation. As the leprosy continues to advance, the tubercles extend to the face, and render the person a most unsightly object. At the end of the first year the dryness and rigidity of the skin become universal. The numbness extends above the knees, and is so great that the poor sufferer may, inadvertantly, burn his hands or feet to the bone without being sensible of it. The surface of the body is wrinkled longitudinally, and, where sensibility remains, feels as if stung with nettles. The countenance undergoes a marked change; the cheeks become bloated and puffy; the muscles of the forehead enlarge, and appear as if pushed downward; and the eyes, in all cases inflamed, rheumy, and made to look rounder than natural by the pressure from the neighboring parts, resemble those of some wild animal. The lobes of the ear are rough, the tongue is foul and in some cases covered with tubercles, the breath is fœtid, the hairs of the head gradually fall off, the nails break and waste away, the fingers and toes appear withered, and the appetite passes entirely away. In this advanced stage the malady will, sometimes, continue for years, but always with progressive misery.

At last, when the dyspepsia is most tormenting and the respiration hurried — when the least exertion is sufficient to cause diaphoresis,

although the only parts that prespire are the neck and a little surface around the waist — when the sefferer, already ugly, has become indescribably loathsome — a feverish heat comes on regularly every evening, the eyes assume a dim but brassy appearance, the voice sounds hollow, as if from a tomb, the pulsation can be felt only by pressure over the heart itself, ulcerations take place over the joints, and, to add helplessness to misery, the latter begin one by one to fall off. And thus perishes the poor leper in his filthy den, or at the city gate — perhaps in the vicinity of his synagogue or his mosque.

The leprosy of the Arabians — i. e., the disease with which the thirty lepers of Jerusalem are afflicted — is hereditary, but not contagious. Sometimes, however, it skips over a generation. There is an example of this kind in Jerusalem, in which the parents are both lepers, while the son, though considerably advanced in years, exhibits no indications of the disease. I examined the lepers of Jerusalem, as I would any ordinary cases of disease, without fear of contagion. That the Jews do not consider it contagious is evident from the fact that one of their number, who is afflicted with the malady, is permitted to dwell with his friends, and is not cast out among the common lepers.

Women are less subject to leprosy than men, while poor living, want of cleanliness, mendicant misery, and exposure to cold and damp are but two constant attendants of the disease. A fish diet is also found to render every symptom worse. In the East, where the classification of diseases is very imperfect, several kinds of cutaneous affection that are curable pass for leprosy, but the disease whose symptoms I have described, appears to be incurable. Life, however, may be prolonged by careful attention to diet, exercise, and cleanliness. Mercury and mineral acids have been employed, but with how much success is not certain.—*Amer. Med Monthly.*

PART THIRD.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

American Medical Association.—We publish some extracts from the transactions of the American, Medical Association which met May 5th, at Nashville, Tennessee. Dr. C. K. Winston chairman of the committee, welcomed the members of the Association in a few pertinent remarks, as follows:

Mr. President, and gentlemen of the American Medical Association: This, I believe, is the 10th annual meeting of this Association. As

Chairman of the Committee of Arrangements and Reception, I am charged with the agreeable duty of welcoming you to the State of Tennessee, and the city of Nashville. I regret that I have not language to express this sentiment with sufficient cordiality. I only add, gentlemen, in common phrase, "You are more than welcome."

You are the representatives of a profession, distinguished alike for its antiquity, its scientific attainments, and its usefulness. It constitutes the true link between science and philanthropy—science and philanthropy, moral, intellectual and physical. You come from every portion of this glorious republic—from the Kennebec to the Rio Grande—from orange groves and golden sands—from mountains clad in eternal snow, and valleys smiling in perpetual verdure. You come not for purposes of self-aggrandizement or personal ambition, nor yet to advance the schemes of parties or stir up the antipathies of sections. "You know no North, no South, no East, no West;" but you come as a company of philanthropists, a band of brethren, that you may pour the acquisitions of another year into a common treasury, kneel side by side at a common altar, and drink the living water as it gushes from a common fountain. You have come to maintain the dignity, to elevate the ensign of a profession, to which you have devoted your lives, and to which you have linked your fortunes.

You are the cultivators of a profession entirely progressive, admitting to the fullest extent the spirit and genius of enterprise. So much may not be so fully said of others. Who could expect at this or any other day, to embellish the Commentaries of Blackstone, or improve the pleadings of Chitty, or re-poise the scales of justice? Where are the men with commissions never so divine, who would attempt to re-cast the logic which made Felix tremble, or adorn the doctrine of justification by faith? Who hopes now to shed additional light on the pathway to the skies, or sing in strains more immortal than the triumphs of the cross? Not so with Medicine. Yours is a rising orb—magnificent in its proportions—while others have reached the zenith, yours has but begun to mount the heavens—while others have begun to fade, yours knows no eclipse nor decline. You revere the names of Hippocrates and Sydenham, of Brown and Cullen, with a host of others; you treasure up their maxims, and admire the genius with which they struck out new truths, but you acknowledge no master, you fall down at the feet of no *Gamaliel*. You have come to the day of free thought, of free investigation and free speech. You call in question the most hoary, as well as the most recent fact, and you are daily revealing, in floods of light, principles hid from the foundation of the world.

You are eminently the students of nature. While others may be led along dubious paths by mortal pedagogues, your teacher dwells in the realms of eternal light, and guides with hand unseen and unerring to essences and first causes. The formative chrystal and germinal dot are alike transparent before you. You are taught the mysteries of the living principle; the scalpel and retort are your com-

panions, while you revel in the wondors of the microscopic world. You understand, somewhat, the laws by which a mote or a mountain is formed, a mound or a man is made. The spear of grass which lifts its heed in the distant solitude, the lordly oak and imperial cedar, instructs you, while air, and earth, and sea, with the creeping multitude, yield treasures at your command.

You are the veterans of a thousand battle fields, not of mortal strife where man meets man in sanguinary conflict; but where a secret and impalpable foe—a tyrant who has reigned from Adam till now—disposes his secret forces and directs their deadly shafts. When others have turned back affrighted and aghast, you, single-handed and alone, have met "the pestilence which walketh in the darkness," and the destruction "which wasteth at noonday," despoiled them of "the armor wherein they trusted," and have driven them ignominious, from the field.

Were the victories which you have won, the conquests which you have achieved known, you would be crowned with laurels more unfading than those which entwined the brows of Greek or Roman conquerors.

But more and better than all, you are the lovers of your race, the friends of humanity. Scattered about all over this happy land, you emphatically "go about doing good." Your hearts beat in unison with human woe—your ears are open to the cry of distress, whether it come from hovel or palace—you "wipe away the orphan's tear and cause the widow's heart to sing for joy"—upon your heads daily descend "the blessings of those who were ready to perish."

To such a body of men thus actuated, thus coming, we extend a cordial welcome. We feel honored by your presence, and expect to be improved and elevated by your intercourse. We throw wide our doors and invite you to the hospitalities of our homes, and to the kinder affections of our hearts.

The following are the officers for the ensuing year:

President—Dr. Paul F. Eve, of Tennessee.

Vice Presidents—R. J. Breckinridge, of Kentucky, D. M. Reese, of New York, W. H. Byford, of Indiana, and Henry F. Campbell, of Georgia.

Dr. Eve, of Tennessee, in taking the chair, addressed the Association, in a few pertinent remarks as follows:

Gentlemen of the American Medical Association:—It is with deep emotion that I attempt to return you my heart-felt thanks for this distinguished honor. In elevating one so unworthy of this station, so ill-prepared to preside over your deliberations, or carry out the great designs of this body, I must express the apprehension that you have done yourselves injustice, and, it may be, not advanced its best interests. But, believing that this office should neither be sought nor declined, when tendered, as it has been, after my State had declined to take any part in the nomination of a presiding officer. I enter upon the discharge of its onerous duties with much diffidence,

and shall have frequent occasion to throw myself upon your considerate indulgence.

We are engaged, gentlemen, in a good and noble work. Life, the greatest of human blessings, and health, the sweetest stimulus to earthly enjoyments are our end and aim. We live to secure the one and to preserve the other. To promote these all-important objects, the medical profession of our country have, during the last twelve years, annually appointed delegates to assemble and counsel how this may be effected. And we are here to-day, on one of these great festive occasions, and, amidst our mutual congratulations, these glorious re-unions of good will and fellowship among the brotherhood, must not forget that to us is committed the health and lives of others. In maintaining the honor and increasing the usefulness of medical science, we become the best contributors to the welfare and happiness of those around us. You have come up hither from the North and from the South, from the East and from the West, and have done well neither to count the cost nor calculate the sacrifice; for the cause in which you are engaged is worthy of you. You present again the sublime spectacle of brethren from all sections of this widely extended Union, congregated to devise the best means to releive suffering humanity; and may I not add, we are here with

"Our souls by love together knit,
Cemented, mixed in one,
One hope, one heart, one mind, one voice."

The following are the standing and special committees for the present year:

STANDING COMMITTEES.

Committee on Publications.—Francis G. Smith, of Philadelphia; R. C. Foster, of Nashville; A. J. Semmes, of Washington City; Samuel L. Hollingsworth, of Philadelphia; Samuel Lewis, of Pennsylvania; H. F. Askew, of Delaware.

Committee on Prise Essays.—Grafton Tyler, of Georgetown, D. C., Chairman; J. C. Hall, of D. C.; Thomas Miller, of D. C.; A. J. Semmes, of D. C.; Joshua Riley, of D. C.; W. J. C. Dunhamel, of District of Columbia.

Committee on Arrangements—Harvey Lindsley, chairman; W. J. C. Duhamel, Cornelius Boyle, P. H. Coolidge, G. M. Dove, A. Y. P. Garnett, Wm. P. Johnston, of D. C.

Committee on Medical Education—G. W. Norris, of Philadelphia, chairman; A. H. Luce, of Illinois; E. R. Henderson, of South Carolina; G. R. Grant, of Tennessee; T. S. Powell, of Georgia.

Committee on Medical Literature—A. B. Palmer, of Detroit, chairman; A. F. Alexander, of Alabama; J. M. Mosgrove, of Ohio; P. Cassidy, of Pennsylvania; S. Pollak, of Missouri.

Vacancies in Committee on Medical Topography and Epidemics—T. B. Shuford, to fill the vacancy caused by the death of Dr. Grafton, of Mississippi. C. W. Parsons, to fill the vacancy caused by the resignation of Joseph Mauran, of Rhode Island.

SPECIAL COMMITTEES.

Spontaneous Umbilical Hemorrhage of the newly born—J. Foster Jenkins, of New York.

Influence of Marriages of Consanguinity upon Offspring—Dr. Bemiss, of Kentucky.

Functions of Different portions of the Cerebellum—E. Andrews, of Illinois.

Causes of the impulse of the Heart and the agencies which influence it in health and disease—J. W. Corson, of New York City.

Treatment of the Results of Obstructed Labor—J. Marion Sims, of New York.

Treatment best adapted to each variety of cataract, with the method of operation, place of election, time, age, etc.—Mark Stephenson, of New York.

Human, Animal and Vegetable Parasites—Joseph Leidy, of Philadelphia.

Best Substitutes for Cinchona and its preparation in the treatment of Intermittent Fever, etc—B. S. Woodward, of Indiana.

Intimate structure and pathology of the Kidney—Charles E. Isaacs, of New York.

Etiology and Pathology of Epidemic Cholera—T. W. Gordon, of Ohio.

Inflammation of Cervix Uteri—Henry H. Miller, of Louisville, Kentucky.

On milk Sickness—W. H. Byford, of Indiana.

Best means of causing an increase of the number of Essays—Drs. Leidy, Wood and Meigs, of Pennsylvania.

Changes produced in Composition and Properties of Milk—N. S. Davis, of Illinois.

Stomatitis Materna—D. C. McGugin, of Iowa.

On Criminal Abortion, with a view to its general suppression—H. N. Storer, of Boston.

The committee recommend that the committees ordered by the adoption of the resolutions accompanying Dr. A. J. Semmes' report, be filled by the several State Societies.

On motion of Dr. Brodie, amended so as to refer the same to the officers of several State Societies. Carried.

The committee also recommend the amendment of the third article of the constitution, in relation to meetings, by inserting after the words "first Tuesday in May," the words, *or the first Tuesday in June*, and also by inserting after the words "shall be determined," the words, *with the time of meeting*.

Special Committee on the present state of science, as regards the Pathology and Therapeutics of the Re-productive Organs of the Female—D. Fordyce Barker, of New York.

On Moral Insanity—D. M. Reese, of New York.

On Caculi and the Diseases of the Urinary Organs, in Iowa, Minnesota, and Nebraska—Dr. J. C. Hughes, of Keokuk, Iowa.

On the nature, tendency and general treatment of Syphilitic Bubo—Moses Gunn, of Detroit, Michigan.

Organic Chemistrg—its progress and relations to Physiology and Pathology—Professor Samuel St. John, of New York.

On Medical Education—(By Dr. Currey's resolution,) James R. Wood, of New York; Geo. R. Grant, of Memphis, Tennessee; John Watson, of New York; C. B. Nottingham, of Macon, Georgia; Rene La Roche, of Philadelphia, Pennsylvania.

To fill a vacancy in the Committee on Medical Topography and Epidemics—Dr. J. L. Cabell, of Charlottsville, Virginia.

The next meeting of the association is to be held in Washington City.

From what we see by the minutes, the late meeting has been unfortunate in the way of reports. Out of some twenty-two committees called upon, reports were received from but three or four, and, in an instance or two, these were but partial. What is there adequate to explain this state of things? Are the working men in the profession diminishing in number? or have wrong selections been made? We know of nothing within the past year capable of turning the philosopher away from his experiments, or the student from his books, except the Presidential election and the Comet — May be these have been potent in the mischief before us.

We observe that a good many of the committees for last year, that failed to report, are continued for the present. Is such a course proper? We can immagine it so only in those instances where some reasonable apology has been offered for previous delinquency. If a committee does not make its appearance at the meeting at which it is expected to report, and sends no reasons for its failure, would it not be sensible to the last degree, to raise a new one in its place? Where there has been any progress whatever it would be right, of course, to continue — not otherwise.

We want a little investment of care in the appointment of committees. It would be well enough for the appointing power to put itself to the trouble to ascertain before making an appointment, whether or not the committee will be likely to work. Making appointments as a mere compliment to certain individuals who are fond of a little innocent notoriety, may be fun to the appointees, as the frog said to the boys who stoned him, but death to the Association.

We were pleased with the selection of Prof. Eve for President.

He was in our judgment the right man. He deserved the honor, and the association did right in conferring it upon him.

The location, (Washington City,) of the next meeting, will secure for it a large attendance, and may we not expect also more in the way of Reports.

Clinical Lectures on certain Diseases of the Urinary Organs; and on Dropsies. By Robert B. Todd, M. D., F. R. S., Physician to King's Hospital, Philadelphia. Blanchard & Lea, 1857, p. p. 283.

As its name imports, this volume consists of a series of lectures, sixteen in number, delivered at King's College on diseases of the Urinary Organs. The following is a summary of contents:

I. General Observations on Hæmaturia, etc.

II. Association of Hæmaturia with Acute Gout, typhus and small-pox, etc.

III. General remarks on various forms of disease of the Kidneys, etc.

IV. Diagnosis of fatty and waxy disease of Kidney.

V. On the general doctrine of Dropsy.

VI–VII. Dropsy after scarlet fever.

VIII. Acute renal Dropsy.

IX–X. Cardiac Dropsy.

XI. Ascites.

XII. The Gouty Kidney.

XIII. Cases in which pus is found in the Urine.

XIV. On Gout in the bladder.

XV. Causes of Gout.

XVI. On asthenic Gout.

These lectures discuss almost every variety of disease to which the Urinary organs are liable; and what is very valuable, the author illustrates extensively with cases.

On the subject of Gout, a disease somewhat on the increase in our country, we extract from the work the following in explanation of the greater frequency of the disease in English hospitals than in those of other countries:

In England malt liquors are in common use among all classes of the population, high and low; they are drunk very largely by the laboring classes, especially by those of large towns, and in particular by those whose work is laborious and trying to the constitution, and

who on that account receive good wages, and therefore can afford to supply the waste caused by their great exertions by means of liberal potations of a fluid at once stimulant and nutritious like beer. Hence it is that we very commonly find coal-heavers, bakers (like our patient Fountain.) brewers' draymen, house-painters, and others of the working classes, inmates of the London hospitals, suffering under gout in its various forms. There is another class also who can scarcely be said to *labor*, who are sometimes admitted for this malady; namely, butlers or house-servants of wealthy families, and coachmen.

It is remarkable that in Ireland and Scotland gout is a disease almost entirely confined to the better classes of society, and that it is rarely, if ever, seen in hospital practice. This is because beer is but little used by the lower orders in those countries. In such towns as Dublin and Edinburgh there must be a large portion of the working classes well paid, and therefore well fed; but porridge, potatoes, fish, and bread, are the chief sources of their sustenance, meat less frequently, while whiskey is their stimulant; and these kinds of food do not generate gout unless taken in large quantities, and in habits already tainted with the disease by inheritance.

For the same reason, in France and Germany (excepting in the beer-producing Bavaria,) gout is by no means common; and the meagre accounts to be found of this disease in foreign works plainly show that the authors cannot have had much practical acquaintance with its character.

I need not remind you that gout is one of those maladies which are pre-eminently hereditary; that a son will inherit it from his father or mother, and, what is more curious, from his grandfather or grandmother, the intervening generation being free, or nearly so. Such *inherited* gout is frequently most obstinate and difficult to eradicate, the gouty diathesis being more fully developed than when it has simply been acquired. It is, therefore well to inquire into this point in the history of such patients as come before you. In the present instance, fortunately for the curability of the disease, and unfortunately for the *respectability* of our patient's gout, we cannot make out any pedigree—it appears to owe its origin to that ignoble source, *beer*.

The Physiological Anatomy and Physiology of Man. By Robt. Bentley Todd, M. D., F. R. S., Fellow of the College of Physicians, and Physician to King's College Hospital; and Wm. Bowman, F. R. S., Fellow of the College of Surgeons, Surgeon to King's College Hospital, and the Royal London Ophthalmic Hospital, and late Professor of Physiology and General Anatomy in King's College, London. Complete in one volume, with two hundred and ninety-eight illustrations. Philadelphia: Blanchard & Lea. 1857. (For sale by Riley & Co.)

This is a *new* book, commenced, it seems from the preface, in 1843,

and issued from the English press last year, and from the American the present year. The work was originally designed as a text-book, for the lectures on General Anatomy and Physiology, given in King's College London.

The title, "Physiological Anatomy," adopted by the Author, in preference to the older one, *general*, or the later, *histological*, seem to the writer more comprehensive and precise, as denoting the kind of information, a knowledge of which is necessary for the investigation of Physiology. Is it certain that anything in the way of perspicuity has been gained by the author's innovation on former nomenclature? Once *physiology* meant the same as *physics*—now it is restricted to the science which treats of the functions of animals, or of vegetables; or, in other words, it explains the *action* of organs, apparatuses, etc. Anatomy, from *ana* and *temnein*, "to cut," has had quite a latitude in the way of acceptation. Properly it applies to organization—to a description of the number, shape, situation, connection and structure of organs. In brief, Anatomy describes an organ or organs, and can be studied perfectly on the cadaver; while physiology describes the *action* of brgans and can only be studied on the living subject; the one is a description of dead matter, the other of the movement of organs under the influences of life. If the work before us embraces both anatomy and physiology, the title is proper; if not, not. The truth is, it does have something to do with anatomy, merely enough to render what is said on physiology intelligible. The anatomy, however, is mostly of the microscopical character, the department of the subject relating to structure, and on this account, if a change had to be made, "Physiological *Microscopical* Anatomy" might have been, with equal propriety selected as the title of the book.

The authors have aimed to present a view of the main facts and doctrines of Anatomy and Physiology, particularly those bearing on Practical Medicine and Surgery. They have given Anatomy, as they state, a greater degree of prominence than has been usual in Physiological works, because of a conviction that a thorough knowledge in its several branches, descriptive, comparative, etc., seem necessary to the formation of those habits of mind, which best fit their possessor for the successful investigation and the correct appreciation of Physiological science.

A matter that adds very much to the charm of the work before us, consists in the fact, that the descriptions, as regards the more important points, have been rested upon the investigations of the

authors themselves. They have repeated former experiments, and devised new ones, whenever questions of sufficient interest presented themselves.

The illustrations are very good. Most of them we recognise as common to other works of the kind. There are some, however, that are new and very valuable. Among these we recognize the "*Primary organic cell;*" "*While fibrous tissue;*" "*Meshes of the Areolar tissue,*" *when dried; Cartilage cells from the chorda dorsalis of the Lamprey;*" "*Longitudinal section of bone,*" *etc., etc.*

The work is made up of a single volume of 926 pages, and forty-four chapters.

We intend no analysis in this connection, but embrace the opportunity to bear our testimony to the meritorious character of the work, and its adaptness to student and practitioner.

A Manual of Examinations upon Anatomy, Physiology, Surgery, Practice of Medicine, Chemistry, Obstetrics, Materia Medica, Pharmacy, and Therapeutics. Especially designed for students of Medicine; to which is added, a medical formulary, by J. L. Ludlow, A. M., M. D., Fellow of the College of Physicians, member of the American Medical Association and one of the consulting physicians to the Philadelphia Hospital, &c. A new edition thoroughly revised and much enlarged, with three hundred and seventy illustrations; Philadelphia: BLANCHARD & LEA, 1857. (For sale by Riley & Co.)

This work is simply what its title indicates, "a Manual of Examinations." The object of the author has been to furnish the student with the principal points necessary to guide him in the prosecution of studies. From a slight examination of the work, we are inclined to think the author has succeeded well in his undertaking. The science of medicine, of late, has made rapid strides in several of its departments, and the author seems to have been careful in combining in the present edition a glance of the recent improvements.

PART FOURTH.

EDITORIAL AND MISCELLANY.

Medical Evidence.

There is something in the character of the evidence with which the physician operates that is not very easily comprehended, and it is owing to this circumstance, that we not only have differences of opinion among the people, but differences of opinion among medical men themselves.

We by no means expect to elaborate a matter that there is so much of, with a few paragraphs, but desire merely to offer a thought or two.

The differences among physicians, when the same evidence is before them, will be found to resolve itself into degrees of capacity; for equally endowed, equally possessed of observation and logic, the conclusions must necessarily be the same. In diagnosis we have presented a great variety of facts and phenomena in order to form the premiss of the process by which we arrive at the conclusion—the nature of the disease. The same thing is true with reference to therapeutics, to surgical procedures, etc. In the former, the matter in question is, the medicine that will most likely cure the case; in the latter, whether or not the operation should be performed.

Either of these departments would be sufficient for illustration; but we will select, as being perhaps the most fertile, that of *therapeutics—the action of medicines—what they accomplish, etc.* On the action of medicines, we are met at once by a variety of theories, theories old, and that have had much warmth and energy exhibited in their enforcement. In modern times the number of these have been materially abridged, and the disposition is to abridge still further, or rather to dispense with theories altogether. This feeling, however, has, in a measure, been checked by modern chemistry, which has came forward and proposed greater accuracy, and, as a consequence, has captured some of the best minds of the profession. Of the chemical, as of other theories on the action of medicines, it may be stated, that there is a want of conclusiveness, that, to well-regulated minds, is very obvious. If there were no vital principle present,

during the time that medicines are in action, it would do very well to say that all are explicable on chemical principles—that the whole process is merely an exhibit of what occurs in the laboratory. But inasmuch as ignoring the vital principle—the something that makes up the difference between a living man and a lump of clay—does not appear very philosophical, prudent men are still disposed to stand back.

No one has ever explained the *modus operandi* connected with the growing of a spear of grass; and, until such questions are resolved, we may content ourselves with imperfect knowledge of the *action* of medicines.

The evidence connected with the curative department of medicines, with their value as curative agents, although not in its nature so imperfect, is still sufficiently difficult; and it has only been from the labors of great numbers carried on for centuries, that a species of certainty has been imparted to the subject.

The evidence connected with the effect of a drug, is of a particular character. It is not the evidence of *intuition*, as that the whole is greater than a part, or that every effect is produced by some *cause*; or the evidence of *reason*, founded on certain indubitable deductions from well founded premises; or the evidence of FAITH, deduced from the testimony of others. We say that it is not either of these taken separately, but all of them combined. When a dose of medicine is administered, all of the phenomena following as the result, make up what we call an '*experiment*,' and the process of mind brought to bear on the case we designate by the term '*observation*.' Experiments apply to dead as well as to living matter, and in the former instance are much more simple and conclusive than in the latter. In the latter, experiments upon organized matter, a new element, the *vis vitæ*, is present, potent in the way of complicating results, and also very difficult to comprehend. The actions and reactions of atoms of unorganized matter, and all the circumstances affecting these, differ very materially from what takes place, when a dose of calomel, for example, is administered. To estimate the former, nothing is necessary but an acquaintance with the properties of the substances; to estimate the latter, the physician must take into consideration tion the QUALITY of the drug used; the DOSE adapted to the case; the TIME during the course of disease of administration; the TEMPERAMENT, moral, physical, habits, etc., of the patient; the SECONDARY effects, by which other organs or the whole system sympathizes with

the primary impression. To resolve such questions, the utmost of human power is often required. The effort to do so is familiarly called an "Observation." But what do we mean by the term? The process is not merely one in which the SPECIAL SENSES are called into play. This we do, and much more. The principle of FAITH is invoked; we have to know from the testimony of the patient and others, every thing touching the history of his case. Then again, the phenomena presented are grouped into classes, which serve as the data for *reasoning*, as the material from which inferences are derived. And at last we invoke the evidence of *intuition*, certain effects being present after the administration of the drug, must be ascribed to a cause, or causes.

It might seem that such an array of difficulties presents medicine in rather an unfavorable light. We do not so regard it. They really confer upon it, its highest character as a science, and show the indispensable necessity of the largest investment of intellection. Rightly regarded they explain why it is that the masses of mankind are so prone to irregular systems, impositions, etc. No one, indeed, whose mind has not been daily accustomed to grapple with the sources of sophistry connected with medical inquiries, can be anything else than a victim of false reasoning.

The legal profession, like the clerical, operate by the principle of faith. The philosopher deals mostly with the simpler material forms of matter, and uses mostly his senses, while the poets, historiographers and the like, adopt facts or fiction, as suit their purpose, and mostly call into play only the powers of imagination. Neither of these seem to require anything like the amount of capacity necessary in medical inquiries.

Medical men are frequently upbraided with the statement that the world renowned poet Mr.—— patronizes eclecticism; that the novelist, Bulwer, is a hydopathist; that the governor of the State of—— is a homœopathist. Supposing this all true, it only proves that such gentlemen are not qualified to comprehend medical evidence, and are on a par in this respect, with the superstitious and ignorant of the day.

Nine-tenths of the population of the world have, up until the present hour, failed to appreciate the plainest and most available principles of therapeutics. Rome was without a practitioner of medicine for 600 years after the Empire was founded, although making rapid advances during the time in many departments of art and science.

The Chinese civilization, which perhaps embraces the most philosophical political system yet devised, contains nothing comparatively in the way of medical science. The same is true of most of Asia and Africa. Coming nearer home and looking at Europe and America, we find the masses more prone to the impulses of instinct and superstition than to anything like science. Gobineau, a French author, says that of the 37 millions of French now living in France, only about 12 millions are civilized. The rest cultivate, from generation to generation, the traditions, superstitions, etc., of their ancestors. Such being the case of our national neighbor, a race proverbial for sprightliness, the readiness with which it adopts improvements, and for its possession of old and well established institutions of learning, what may reasonably be expected from other portions of the world, less highly favored. We have only, indeed, to look around in our own country to witness a state of things similar to what there is in France, if not worse. It would be sensible to compound on our having one out of every three of our population rightly civilized—qualified to appreciate truth when presented. Instead of this, however, the assertion is far from being reckless, which makes the proportion of uncivilized for our own country double of what it is acklowledged to be in France. There is scarcely a neighborhood in any of our most advanced States, but what may have, at any time, nine-tenths of its population victimized by the most transparent humbug of the day.

Late Meeting of Ohio State Medical Society.

We attended the meeting of the Society at Sandusky City, and were pleased to find present a very good representation of the profession from different parts of the State.

The business which came before the Society exceeded very much in quantity that of some previous sessions, and we should think would make a very respectable "Volume of Transactions."

Nothing occurred to disturb in any manner the harmony of the deliberations. We believe no exception, whatever, was taken to the manner in which the officers discharged their duties. All seemed to be desirous to waive technicalities, avoid wrangling, and unprofitable discussions.

We should fail to do justice to our own feelings, not to notice the very cordial and hospitable reception extended to the Society by the profession and citizens of Sandusky. The interview opened with a series of hospitable demonstrations, and these were kept up as long as a delegate tarried in the place. Besides parties, soirees, balls, reunions, etc., an excursion was provided for the Society, to the Islands of that part of Lake Erie, in a fine commodious steamer, the Bay City. In this, the Society was joined by a large company of the ladies and gentlemen of Sandusky city. As the vessel approached the spot where the gallant Perry achieved his victory, the first, up to that time, that had been made over an English squadron, the blood of the whole company seemed to grow warm. The historic eye, it seemed, could look back and see flying from the top of the mast of one of the vessels, the motto, "Don't give up the Ship;" it could see Perry himself, after his own boat was shattered by the enemy, making his escape from the sinking vessel amidst the volley of bullets, to another one, bearing aloft in his hand to place it still higher, the flag upon which was inscribed the dying request of Lawrence. Then, after the victory was won, the same eye could still see the commander, calling for pen and paper, to dispatch to General Harrison the result: "We have met the enemy and they are ours!" Such feelings, as we before remarked, became buoyant, and had to have something provided in the way of expression. A platform was accordingly erected on one end of the boat, from which we had quite a number of patriotic speeches, all going to show that Doctors too feel the truth of the maxim, *patria cara.*

A successful meeting, we repeat, was the one held in Sandusky; and those who were not there, are out just so much for life.

Close of the Ninth Volume.—The present number closes the ninth volume of the Journal—and we have a word or two to say to our readers. We have since our connection with the publication, endeavored to make it not only passable, but acceptable to the most cultivated taste. We have no proclivity towards theorising, no love for mere speculation, no faculty for the marvelous or romantic—our aim has been to furnish our readers with facts, to direct attention to

what is reliable and practical, and to inspire a wholesome caution with reference to everything like innovation.

It might seem proper here to take a retrospect generally of the year medical. We have no time at present for such a labor. Were it done, it would show progress in the way of additions to present stock, and progress also in reasoning.

College Changes — Resignation of Prof. S. G. Armor.— Some three months since, we are informed, Prof. Armor resigned his professorship of Pathology and Clinical Medicine in the Medical College of Ohio. For certain reasons, the matter was not made public until of late. Prof. Armor goes to Dayton, as rumor has it, to reside, with the intention of making that city his future home. Prof. A., in his professorial career, has shown himself to be an able teacher; and the profession of Dayton may well congratulate itself on receiving such an acquisition.

Fusion.— The Miami and Ohio Medical Colleges at Cincinnati have recently subjected themselves to a series of processes, for the description of which the term fusion comes into very good play. The Faculties of the two colleges, as we are informed, have been united; or rather, perhaps, out of the two a new one has been formed. With the reasons which led to this change, we are not acquainted.

Books Received.— The following works have been received and in due time will be formally noticed in the *Journal*:

Churchill on Diseases of Women; publishers, Blanchard & Lea.

Montgomery on Pregnancy, Obstetrical Essays, etc.; publishers, Blanchard & Lea.

Rigby on Female Diseases; publishers, Blanchard & Lea.

Indigenous Races of the Earth, by A. Maury, F. Pulsky, J. A. Meigs, J. C. Nott, G. R. Glidden; publishers, J. B. Lippencott & Co., Philadelphia.

These works are on sale in this city by Riley & Co.

Also, a Catalogue of Human Crania, from the author, T. Aitken Meigs, Philadelphia.

Transactions of the Medical Society of the State of New York, from Prof. A. March. Illustrated, Catalogue of Medical, Surgical and Scientific publications; by Blanchard & Lea, Philadelphia. Catalogue of Medical and Scientific publications; by S. S. & W. Wood, New York.

To Subscribers.— The present No. closes the Ninth volume of the *Journal;* and those "in arrears" for subscription will please consider the propriety of at once making remittances. Delays beget trouble, besides, they are a great injustice to the publisher.

To Correspondents.—We have several communications on hand that will receive attention in our next No. Our "original department" however will hold a large amount; and nothing cheers us up more than to see it filled with good matter. Without "*home production*" it is impossible to be rich — or rather, it is impossible to avoid being poor.

Starling Medical College.— In this No. will be found the advertisement for the ensuing session, 1857–8. The session it will be seen, commences in October and continues to March, making a period of *five* months. Experience, so far, is very much in favor of this change on former custom. It is a convenience to both the teacher and the taught, and must become the usage of the country. Time is an essential element of everything, but in nothing is it of more importance than in an education.

The position of Columbus for a Medical School is as favorable as any in the country; and the facilities which the school is now able to afford in the way of clinics, anatomical material, etc., are as good as could be desired. A student who leaves Columbus after having passed through the curriculum, without being possessed of a good stock, need go nowhere else.

Receipts.—For receipts, see cover of *Journal*, which contains the notice of those not otherwise acknowledged.

Ophthalmic Surgery—By the Editor.

Case 1.—*Lenticular Cataract.*—John Whetmore, 17 years of age, of rather good constitution, came under my care while serving as Physician at the Asylum for the Education of the Blind. The history the patient gave of his case, was, that he had been blind since three years of age, and, living in an obscure region, no attempt of any character had been instituted for relief.

Amount of vision present.—From inability to perform any kind of labor at home, the patient was sent to the Asylum for education. While at the Asylum, he could see sufficiently in shaded places and at twilight, to go about the Institution, but could not recognise any difference in objects.

Form of the disease.—The opacity was of the grey variety; firm in consistence, uniform in appearance, and, from the best diagnosis that I could make, involved both capsule and lens. The disease being of 14 years standing, it might have been expected that adhesion had taken place between the ciliary body, or the iris, and the lens. It had, as was evinced in the operation, but not to any great extent.

Operation.—The operation was performed on both eyes at the same sitting, in the month of March, 1855, by the method of displacement, called *depression.* On attempting to carry the lenses out of the axis of vision, each was observed to be adherent at its upper margin to the iris; and after the operation, a portion of capsule was found sticking to the iris of each of the eyes.

Result.—No untoward event occurred, except that the lens of each eye was noticed, some three weeks after the operation, to have risen slightly above the lower margin of the pupil. As absorption appeared to be going on rapidly, a *second* operation was not performed at the time; and afterwards it was not indicated. From the great length of time that the patient had been affected, it would have seemed that the optic nerve, merely from want of use, would have been paralysed. Such was partially the case; but from the time that light was admitted into the eye, the sight began to improve, and the patient left the Institution with vision sufficient to perform any of the ordinary avocations of life.

Case II.—*Entropium.*—Miss ——, of scrofulous habit, and about 19 years of age.

History of the case.—I was informed by the patient that her health for five years previously had not been good; and that her eyes had

been in a state of irritation and inflammation for most of the time. Drugs of different kinds had been applied to the eyes, and general remedies used, but with only temporary relief; and at one time eliptical portions of skin had been removed from each of the upper-lids. At the time that I operated, both upper-lids and one under-lid were inverted so as to hide entirely, in ordinary light, the globe of the eye. The conjunctiva, from the irritation occasioned by the eyelashes, was inflamed throughout, and extremely sensitive to light. From the long standing of the disease, the orbicularis muscle was contracted so much as to lessen the fissure between the lids, while the right lower lid was inverted upon itself like the roll of a piece of parchment.

Operation.—General remedies, local applications, and the removal of portions of the skin from the lids having been productive of no permanent benefit, I concluded to adopt a different method. Two perpendicular incisions were made through the whole substance of each of the upper eye-lids, one near the external canthus, the other just on the temporal side of the puncta lacrymalia. The lid being thus set free, a transverse fold of skin was removed from near its ciliary margin. The edges of the gap thus produced were brought together by three stitches, the threads of which were left long. The lids were then everted, and by means of the long ends of the threads, which were drawn up and attached to a strip of plaster on the forehead, an elevated position was maintained for several days. The lower lid on the right side, so altered in its postion, was entirely removed. The operation was followed by a relief of the pain that had been constantly for years experienced. On the division of the orbicularis muscle, the patient instantly expressed relief. Granulations soon filled up the incisions through the lids, the conjunctivitis subsided in a great measure, and the patient was very much benefited by the operation. We have learned lately, however, that the scrofulous conjunctivitis has in some measure reappeared, but not the *entropium*

(*To be Continued.*)

Baron Dubois' Method of Inducing Premature Labor.— Being an Extract from the Note Book of George G. Minor, M. D. New Kent County, Va.

February 3d, 1840.— Dr. Dubois exhibited before the class a

dwarf three feet three inches high, twenty-three years old; pregnant at the sixth or seventh month; systematically formed, and of attractive beauty.

Feb. 15.—The little dwarf is now in labor, brought on before the time.

The following is the manner in which this labor was provoked:

A *prepared* sponge (prepared by coating it externally with beeswax) was introduced, by the means of a speculum, into the mouth of the womb—the speculum suffered to remain in situ, and stopped with another sponge, to prevent the first from escaping.

A dose of ergot was administered, and pains soon came on.

The sponges were taken out, because the pains were too constant, with the hope that they would become intermittent, as was the case.

On examination per vaginam, the os tincæ was found dilated, the rupture of the membranes was effected and a large quantity of water was discharged. A breech presentation was found. This was a misfortune, as Dr. Dubois said.

During the night the pains were suspended. A dose of ergot was taken, but being rejected, thirty grains were administered in injection.

Finally, the labor was successfully performed, and a living female child brought forth, weighing three pounds ten ounces.

The mother was much disappointed that it was so small, and a girl. She wanted a boy!

Both mother and child did well. This case is interesting, because of its occurring in so small a woman, and showing Dubois' manner of inducing premature labor.

From Hon. Sam'l. Galloway, we have received the Statistical Report on the *sickness* and *mortality* in the Army of the United States, embracing a period of *sixteen years;* from January, 1839, to January 1855; prepared under the direction of Brevet Brigadier General Thomas Lawson. We shall give at some future time an analysis of this report, with such extracts as we may regard of most interest.

In the meantime we may remark that the business of obtaining statistical information on the sickness and mortality of our country, a country embracing almost every variety of climate and geological formation, may now be said to be inaugurated; and the result will be enlarged views, liberal policy, and the abridgment of some of the most prolific sources of disease.

The following from the Western Lancet hits off a certain matter about right.—EDITOR.

"The *practice of medicine* presupposes the existence of subjects and operators; and to the former is due much of the acerbity and ill feeling which exist among the latter. In some communities, patrons and partisans are synonymous. Physicians may, and too frequently do, indulge in unguarded remarks concerning their professional brethren; but for every case of unpleasantness, originating among them from this cause, there are five, resulting from designing mischief-makers and tale-bearers. Many of these latter individuals will not employ a doctor who discountenances in any open manner these abominable practices; but will turn with indignation from him to those who will give an eager ear or a word of encouragement to their tales of slander and defamation. Show me a physician who is surrounded by these croaking allies, extending their support and influence to him, and I will point you to a man who is fond of professional slander, when it is heaped upon a rival, and will not scruple himself to add his own words of detraction."

The National Hotel Endemic. [A letter to Dr. C. Boyle, published in *The States*, May 8th, 1857, by ROBERT KING STONE, M. D., Washington, D. C.]

In answer to your queries concerning the endemic disease at the National hotel, I have to state that my observations were limited to but two cases, and these yielded to the simplest anodyne treatment.

Although a member of the board of health, I was not one of the investigating committee; yet, at a previous meeting of the board, I distinctly indicated to them that probably the sewerage of the hotel was at fault. One of the proprietors called upon me, before I had heard of the existing disease, and, after the most careful questioning, I could learn nothing from him but that one of the water closets had exploded when a lighted paper was accidentally cast into it. He then gave me the names of the persons who purveyed for the hotel, which showed that the food used was the same as that furnished for the tables of a large proportion of this community. The drinking water supplied to the house was analyzed, and with no

other results than there was some slight excess of saline ingredients. If the fault was here, why were not you and the thousands in that vicinity who used the same water daily, similarly affected? You know, however, that there were no cases outside of the house.

The board of health was informed that the sewerage of the hotel was not perfect, and the fall to the canal into which it drained, was very trifling. The intensity of cold during the past winter was almost unprecedented, and the canal into which the sewers emptied was almost frozen solid. It must be remembered that if the main or corporation sewer was perfectly pervious, still the private sewer, which had so little fall, was probably not so. Of this though, we must judge from the effects.

This disease, I learn, began during the intense cold weather, in a house which always has been thought to be badly ventilated, and, if you remember, all the piazzas which surround its court yard were tightly closed with glass. No particular alarm was at first created; and it even seems every endeavor was made to stifle any noise in regard to the matter, as every one supposed that the affair was but of a temporary character. The board of health, however, was informed and learned that a peculiar diarrhœa did exist, and that it was on the decline. The attempt then made to attribute the malady to the spring water used was most promptly repudiated by the board, and its opinion was inclined to the imperfect ventilation and sewerage. The members of the board for that ward visited the premises, according to their obligation. At this time the weather moderated, the house was well ventilated, and no source of offensive or noxious exhalation could then be found. A subsequent visit of the commissioner of health led to the same result; and therefore a card was published, stating that after a careful examination of the premises, no local cause of danger was manifest.

The intense cold weather returned, and with it an increase of the malady and its relapses. The board became alarmed, and at once appointed a committee, consisting of its president, W. P. Johnson, M. D., Charles F. Force, M. D., commissioner of health, and Charles L. Coltman, Esq.. one of our most practical and influential citizens, and most deeply interested in the welfare of a city where he has so much at stake.

This committee was ordered to inspect the premises thoroughly, and to take testimony. This they did do, and with the greatest promptitude, on account of the great anxiety of the public mind.

The testimony taken before them, as well as the examinations made, induced them to reiterate the opinion that they believed the malady to be due to imperfect sewerage. The waste water drains and those from the privies emptied into a sewer, which, from its trifling fall and the want of a "stench trap" on the premises, cast the noxious exhalations from the offensive matters into the house, and more especially at night, when there was less ventilation and motion in it. Numerous witnesses were examined as to the mode of their attack, &c., and it was found that some had suffered who had neither eaten nor drank in the house. The cooks were violently attacked, and with relapses of the greatest severity. Mr. Gaultier, the chief cook, who prepared the whole of his private food, appears to have been the greatest sufferer of all. The servants of the house were constantly sick, so that the attendance on the sick guests was necessarily bad.

On carefully inspecting the premises, some of the investigating committee were rendered sick by the smell in certain portions of the house, and more especially in a room which contained a hot air register, long unused, and which communicated with the cellar. Whilst attending a patient there for another disease, I had noticed a very offensive or putrid odor in portions of the house. Of course, before the committee paid their sanitary visit to the premises, preparations could have been easily made to cleanse and sweeten the house, and therefore any unhealthy or filthy condition be removed. I was informed that during the cold weather a water closet above the pantry (which was between the ordinaries) had overflowed, and the said pantry was exceedingly offensive. I was also informed that the closet used by the male servants of the house had been in a most disgusting condition during the severe weather. The exhalations from this cause, I was told, could also reach the pantry.

An examination of the sewerage was made by Mr. J. T. Ferry, a practical sewer builder, who witnessed with the committee that a stream of fœtid gas poured from the sewer into the house with a sufficient force to extinguish a lighted candle. Having learned that he and his workmen had been sick in consequence of his investigations, &c., I called upon him for a statement, which is as follows:

WASHINGTON, March 30, 1857.

SIR — In answer to your enquiry relative to the rumored sickness of myself and the men in my employ at the National hotel, I would

say that we have all been slightly affected. With myself, the attack was first feebleness, and then diarrhœa. My journeyman had no diarrhœa, but complained of nauseated stomach, giddiness, and inclination to vomit. One of my laborers had a severe diarrhœa, probably six or eight calls in the course of a day.

Respectfully, yours,

JAS. T. FERRY.

DR. ROB'T. KING STONE.

Perhaps no amount of scientific argument could convey a stronger impression to the public mind than the above pointed response to my query. Let us imagine, then a current of fœtid gas passing into sleeping rooms, which was sufficient in volume to almost extinguish a lighted candle; and then, too, sufficiently intense, even in the open air, to make robust sewer builders sick. You know how much more prone we are to the effects of atmospheric poison at night, and especially when asleep. Experience in cholera, in bilious and intermitten fevers, has long since made this an unquestionable matter. May not, also, a question be raised as to the effects of putrid exhalations on food and meats, exposed to the mingled effluvia from the decomposition of animal and vegetable organic matter in the sewer of a vast hotel, in which the excreta of so many hundred individuals are daily voided? I will in a few moments dwell upon the character of the exhalations from putrid matter.

To resume, then: When the weather was cold, and the debouchement of this sewer, with a bad fall, was probably frozen, in or near the canal, the disease was at its height. When there was a thaw (and the weather being warm) the house was well ventilated, and consequently the malady declined in a remarkable manner. With a renewal of the intense cold, the malady reappeared with violence, as you know. The investigations of the committee showed that the food was perfectly under the control of the cooks, who were the greatest sufferers; and those who especially for the occasion prepared their own food, suffered perhaps more than others. The food, &c., was shown to have come from well known purveyors; the kitchen utensils were proved to have been of a most superior order; and how then can one, with these antecedents, incline to the opinion of mineral poisoning, especially when many suffered who neither ate nor drank in the house, whilst some of those who did do so were perfectly exempt from all ill effects? The susceptibility of persons to the exhalations from putrid decomposition is very varied. Many

can live in the atmosphere congenial to the vulture without ill effects, whilst some, with sensitive alimentary canals, are instantly prostrated with diarrhœa and abdominal fever. I remember that my late distinguished friend, Robert M. Porter, M. D., professor of anatomy in the university of Nashville, Tennessee, could never disect with us in the Ecole Pratique in Paris without profuse diarrhœa, and he lately lost his most valued life from the inhalation of putrid poison in his lecture room. The exhalations, which did not affect me or his other friends, produced upon him the most exhausting effects. My own prosector in the medical college here was always similarly affected when his subject approached decomposition.

It is important to remember that the water closets of this hotel were the resort of hundreds daily who had no right, as residents of the house, to that privilege. The amount of human excreta daily must then have been enormous, as the city was filled with strangers in anticipation of the coming inaugeration.

During the period of warm weather the windows of the house and piazzas were opened freely, and, of course, the general ventilation of the house was greatly improved. When the weather became very cold again, its intensity compelled the occupants to keep their windows closed; whilst, at the same time, the condensation of the air and vapors in the chambers by the same cold concentrated the miasm which the warm weather had previously diluted. In addition to the well known unhealthy gases, which all chemists admit do arise from the decomposition of animal and vegetable matters, as in sewers, &c. it is now believed that there is an exhalation of putrid organic matter, in a state of most infinitesimal subdivisions, which is cast off in clouds and suspended in the gases and intermingled atmospheric air. Experiments have been made of condensing, by cold, such exhalations; but the resulting fluid, charged with the putrid matter, was of so offensive a character that the examining chemist was compelled to desist from his operations. We might here dwell for a moment upon the difference of the effects of vegetable and animal decomposition. Medical authorities designate those exhalations from vegetable decay as malaria, and the effects of these are the well known bilious, remittent and intermittent fevers, &c.

Sanitary investigations, as in London especially, have shown that the diseases which have a clear and well defined connection with the other, or fœcal miasm, are summer diarrhœa, dysentery, and

typhoid fever. By this is meant diseases produced by exhalations from privies, cesspools, and badly drained sewers. So well is this danger known in the city of Paris, where much intestinal disease always prevails, that it is positively forbidden to establish, between houses and the public sewers, openings or communicating pipes, through which may be discharged the household waters, or the contents of privies.

In connection with this subject it may be stated that the celebrated Parent Duchatalet expressively advises that the workmen employed in sewer cleansings should be those accustomed to such labors, and that they be well fed, clothed, &c.

The sanitary commissioners of London report that the abdominal forms of fever are found in places unvisited by scavengers and those without sewers, or, if sewers exist, where there is no supply of water to cleanse them. Another report of the same commissioners shows that the tracks of cholera and typhus were there identical, and the local conditions which favor the spread and increase the intensity of these and all kindred maladies, are every where similar. The distinguished Dr. Guy, of London, who has devoted his life to sanitary reform, has said that, knowing where the greatest mortality from typhus, typhoid fever, diarrhœa and cholera exist, he could map out accurately the courses of the great sewers of London.

In a report of the commissioners of health in London, it was demonstrated that a fever of this peculiar abdominal character was coincident with the course of a badly drained private sewer. Boys at the Westminster school were made ill by playing in the grounds upon which seven of the gratings from which this badly drained sewer were opened. The surgeon of the dean of Westminster reports that even those boys who did not sleep at the school were affected. He himself was attacked by nausea, vomiting and diarrhœa, with peculiar fever, from passing by these drains, and with another case, reports that of a gentleman who had nausea, vomiting, diarrhœa and febrile disturbance, by only passing one of these "gully holes."

In Paris, where these fœcal miasmata are abundant, and where strangers alway suffer from diarrhœa at their first coming, it is shown that inflammation and ulceration of the intestinal canal is a frequent complication of disease. The famous Dr. Forbes, of London, editor of one of the most influential journals in the medical world, has always expressed his opinion that fœcal miasm is sufficient to develop continued fever and this morbid state of the bowels.

In many parts of London it has been shown that the sewers were but elongated cess pools, and only emptied by freshets. The mortality statistics showed that there was a relation between the miasmata and the existing diseases; "when deaths from diarrhœa were at the maximum, those from typhus were at a minimum, falling from thirty to fifteen."

During the summer the mortality from diarrhœa was at its height at the very time when the amount of the miasmata in the air of London would be the greatest; that is, when, from want of flooding rains, the accumulation in the cess pools and sewers was the greatest, and when from the temperature the decomposition would be the greatest. Thus after a heavy rain which scoured out the sewers, we find a diminution of mortality from diarrhœa alone from one hundred to twenty-five in a week!

It has been well known that the exhalations from sewers have produced gangrene in wounds of patients in hospitals, who were exposed to these effluvia. In one of the hospitals of Paris it is on record that the mortality is greatest when the wind blew toward it from the opening of the sewers of that city.

The data on this subject might be reduplicated; but I think sufficient matter has been adduced for reflection. As no cases have proved fatal here, does it not give rise to the suggestion you made me that these cases, being considered elsewhere as those of mineral poisoning, may, from the antidotes administered, have been aggravated in their character?

It is a most singular fact, that in the city where the disease originated, not a single death has been reported. A striking peculiarity of this diarrhœa was the tendency to relapse, long after the patient had been removed from the house in which the mineral poisoning might have been supposed to have occurred. Rumors have reached us that in persons who died elsewhere, the mucous membrane of the stomach presented appearances of corrosive action; but of this we have no single authenticated instance as yet. The idea has been thrown out that arsenic was the cause; but the best French authorities are positively against the continuous action of arsenical poisoning when the patient has no longer been exposed to daily doses of the poison. Orfila and Chatin state that "arsenic when absorbed does not remain indefinitely in the system, but is entirely eliminated from it in twelve or fifteen days, provided the fluids drank each day do not exceed a French pint." A chemical friend suggested to me that

if the walls of portions of the house were covered with paper colored with Scheele's green (or the arsenic of copper) the train of symptoms in some rare cases might be satisfactorily accounted for by the action of the sewer air upon it.

Jefferson Medical College.—We learn that Dr. R. M. Huston has been compelled, from ill health, to resign the Professorship of Materia Medica and Therapeutics in this Institution. Prof. H. was an active and zealous member of the faculty, and contributed largely by his labors, to the success of the school. We wish him a full share of happiness in his retirement.—*Med. Times.*

Death from inhaling Chloroform.—An accident of this kind occurred on the 5th of April last, at the Royal Infirmary, Liverpool. The subject of it was a man 35 years of age, to whom a drachm and a half or two drachms had been administered preparatory to the application of a ligature to the femoral artery for popliteal aneurism. Every effort at resuscitation proved fruitless.—*Med. Times.*

Death from Amylene.—Last week, patient, aged 33, was operated upon for fistula in ano, by Mr. Fergusson. Previous to the operation, amylene was administered by Dr. Snow. Unconsciousness was produced in two minutes, and the operation quickly performed, the anæsthetic being inhaled altogether three minutes. The pulse ceased during the operation, but respiration continued for at least ten minutes afterwards. The patient moved after the pulse ceased, and gave signs of rallying. These symptoms proved, however, fallacious, and he died in a few minutes. On examination, there was found slight dilatation of the right ventricle of the heart; the lungs were emphysematous. Dr. Snow concludes that death resulted from the amylene, the condition of the lungs probably tending to the fatal result. This case was the 14th in which Dr. Snow had administered amylene, and on no other occasion was its employment attended by the slightest ill consequence.—*Lancet*, April 18, 1857.

Anæsthetics.— Mr. W. M. Clarke, lecturer on Forensic Medicine at Bristol Medical School, read an interesting paper on this subject before the Bath and Bristol Branch of the British Association. He inquires, first, "why it was that chloroform so soon took the place of ether, notwithstanding that the latter agent was so lauded and held up to be so faultless, when it first came up?" and he comes to the conclusion that it was owing to the greater power of chloroform. "Ether," he remarks, "was somewhat uncertain in its effects, and it was often difficult to produce anæsthesia with it; whilst chloroform was easy to administer, and very effectual to the end proposed. No great importance seems to have been attached to the question of comparative danger; neither does it seem that any one, after chloroform had ended fatally in many instances, troubled much to compare the two. It is generally admitted that ether was in no case the cause of death, notwithstanding that it was so indiscriminately, and, in many cases, so carelessly administered. On the other hand, it is certain that chloroform has been in fifty cases the cause of death; and that in some of these the result has happened in spite of every precaution, in defiance of every care. Hence it is that we are still seeking a new anæsthetic, and that at the present time we are watching the trial of amylene with so great an anxiety.

"The great disadvantage of chloroform is, no doubt, its danger, and the anxiety that must always attend its administration. I must, however, after a long and full experience of it, express my confidence in it, and say that it is a means to which we are fully justified in having recourse. But other disadvantages attending its employment have been alleged against it; and it appears to me that they are being made too much of at the present time. These are principally excitement during the operation, and sickness and exhaustion after it." * * * *

"In a certain number of cases, when chloroform is being inhaled, there is excitement, chiefly showing itself by struggling. Out of sixty-eight cases, in which I have taken notes with regard to this point, it occurred twelve times, from which it may be seen, that it is by no means an ordinary effect of chloroform. Moreover, in most of the cases in which there is struggling at first, the patient may be pushed on to a state of quietude. There are, however, a few in which the struggling, being attended with other symptoms similar to those of epilepsy, it would be unsafe to quiet the patient by giving more chloroform, and in which the surgeon must be prepared to

operate whilst the patient is held still by assistants. This production of struggling certainly lessens the value of chloroform in a few cases; but they are not very common.

"Sickness, violent, obstinate, and prolonged, even over several days, is undoubtedly one of the most troublesome after-consequences of chloroform. This disadvantage is, I believe, admitted on all hands. All-important, however, as is this consequence, it is certainly not so frequent as is commonly supposed. With reference to this point, I have examined carefully the notes of thirty-four cases, of which I have recorded the details at considerable lenght. In twenty-nine of these there was no sickness after the inhalation; and they were cases well calculated to test this matter. They included various kinds of operations; and the time during which the patients were kept under the influence of chloroform varied from a few minutes to upwards of an hour." * * *

"In examining whether chloroform be liable to induce great exhaustion or not, we are at once met by a difficulty which it is not very easy to get over. We cannot well tell how much is to be attributed to the inhalation, how much to the operation itself. It will be remembered that many operations which were scarcely ever performed before the introduction of chloroform — operations involving considerable time and great shock to the system — are now performed frequently. It would be the tendency of such operations to cause great protracted exhaustion; and I question much whether the exhaustion, which has been attributed to chloroform, would not often have been greater if the patient had been obliged to be conscious during all the time of a long and tedious operation. I have not seen any evil result from this cause, which could fairly be said to be the effect of chloroform." * *

"Amylene, both in its general properties, and also in its physiological effects, appears to be more like ether than chloroform. It differs, however, from both. Than ether it appears to be more effectual, much less liable to produce excitement before begetting insensibility, less disposed to cause subsequent unpleasant effects. On the other hand, it is like ether in having a disagreeable odor, in being of low specific gravity and very volatile, in being difficult to administer to a full effect, and in having to be used in verv large quantity.

"From chloroform it differs more. But principally in the same respects that ether differs from chloroform. In short, in its effects

it appears to occupy a middle position between the two. To be more effectual than ether. To be less dangerous than chloroform. It is said not to be attended with struggling; and not to be followed by sickness; and in the larger number of cases in which it has been given, this has been proved. Dr. Snow has used it in sixty-two cases, and in only two was there any subsequent sickness."

In conclusion, he states: "I think it very probable that we shall be placed in the same position with regard to anæsthetics as to many other medicines. We shall have, most probably, hereafter, to select the most appropriate in each particular case. Thus, as in prescribing mercury, we select the form best adapted to the case before us, so in the production of anæsthesia, it will be our wisdom to select the anæsthetic which will best suit the requirements of the case before us. Where the operation only involves the skin, we shall do well to employ Dr. Arnott's method, which is most assuredly deserving of more consideration, and of more extended use, than it has hitherto met with. When, on the other hand, the operation is more severe, and likely to be longer continued, we may choose amylene; and we shall be the more led to do this, if from any reason we suppose our patient will not bear well the use of chloroform. But when we want to produce the most thorough unconsciousness, when we require to keep up the condition for a long time, and especially when, from any circumstance of the operation, we cannot apply the inhaler with sufficient assiduity for maintaining the effect of amylene, then we shall, I believe, still have recourse to chloroform, which, although it appears to be the most dangerous of the anæsthetics at present in use, yet has the great advantage of being by far the most effective.—*British Medical Journal, March*, 28, 1857.

Accouchment of the Queen of England—Chloroform administered to Her.—The birth of a princess, on Tuesday, took place while the Queen was under the use of chloroform, administered by Dr. Snow. Symptoms of approaching labor manifested themselves on Monday evening; but Dr. Snow and Dr. Locock were not sent for until 2 o'clock on Tuesday morning. The labor was more lingering than any of her majesty's previous confinements, and it was not until 11 o'clock that Dr. Snow was requested to administer the

chloroform. After some time, it appeared that the anæsthetic seemed not only to relieve pain, but to retard the labor, and it was discontinued for a time. It was repeated, however, at intervals, and the princess was born at 45 minutes past 1, her majesty not being in a state of total insensibility, although unconscious of pain.—*Med. Times and Gaz.*, April 18, 1857.

Perchloride of Iron in Hemorrhoids.—M. Thierry states that he treats hemorrhoids, even when large, by first blistering them, and then applying the perchloride of iron to the denuded surface, under the influence of which they sink and disappear. The cure may not be radical, and they may reappear under the influence of the causes that originally produced them; but this is only the case after a considerable period, and in the mean time health is restored and occupation resumed. M. Thierry employs the same treatment with success in varix.—*Union Méd.*, 1856, No. 101.

Case of late Dentition.—Dr. Deutsch was called in consultation to a man, 34 years of age, who for some weeks past had been the prey of intense pains in the head and face, the origin of which he had at first attributed to several decayed molars, the crowns of which were destroyed. There was very great swelling of the neck and face, abundant discharge of saliva, and difficulty of deglutition. But the most remarkable thing was the appearance of several new teeth. Thus, somewhat in front of the incisors of the upper jaw, four new incisors were found, irregularly disposed, two in the like manner presenting themselves in front of the two middle incisors of the lower jaw. New canine teeth also appeared in the upper jaw, between the incisors and the canines. In the lower jaw the new canines sprung up from below and in front of the old ones. The two bicuspids in each jaw and on both sides were pressed backward by new bicuspids. With respect to the second molars of the upper and under jaw of the right side, and of the upper jaw of the left side, the new teeth appeared in the midst of the decayed molars without displacing these, and in such manner that the remains of the

old tooth-walls formed partial envelopes for the new. No new teeth were found corresponding to the first molars, although the old ones were carious or to the second molar of the lower jaw of the left side. All the third molars were broken away. All the old teeth were so firmly placed as to be removable only by force. The new teeth were very fine ones. From the time of their appearance the patient's suffering ceased, although the effects of this continued sometime to be apparent. A skillful dentist gradually removed all the old teeth, and those of the new which had grown out amidst the old were removed with these latter. Some months afterwards, the new teeth had assumed a very orderly position, the separations between them being very slight. The patient does not remember losing teeth at the usual period of second dentition. The author adds that in his own case two molars of the lower jaw, which were extracted in his twenty-fifth year, were in the course of a year replaced by two new, good and durable teeth.—*Med. Times and Gaz.*, March 28, 1857, from *Berlin Med. Zeitung*, 1856, No. 43.

Electro-Puncture in a Case of supposed Extra-Uterine Fœtation.—*L' Union Médicale* gives an account of a case of this abnormal course of conception, treated by Dr. Bachetti, of Pisa. The patient was twenty-nine years of age, had had several children before, and presented, in the third month of pregnancy, a tumor in the left iliac fossa, which was looked upon by Dr. Bachetti, and Drs. Burci, Torri, and Barrolini, who were called in consultation, as the result of a tubal extra-uterine fœtation. It was first attempted to arrest the development of the fœtus, and prevent the fatal hemorrhage which generally takes place after the third month, by frictions of mercury and hemlock; but recourse was finally had to electro-puncture, with the view of destroying the fœtus, and this was accomplished by the implantation of two needles into the tumor, and directing into the latter an electro-magnetic current. Some pain was experienced by the patient, and it was surmised that the development of the fœtus was arrested. Nor were the physicians disappointed in this respect, as the tumor rapidly diminished, and was reduced to the size of a pigeon's egg, after having been as large as a man's fist. The catamenia, which had not appeared for three months, returned, and the patient is doing well. It may of course

be asked whether the diagnosis was quite correct, and whether the tumor might not have been simply an ovarian one. The operation itself, and the results, are nevertheless facts of great value, and may open a new field of inquiry to those who have to cope with abdominal tumors in females.—*Lancet*, May 2, 1857.

Microscopical Soiree.—On Tuesday evening a microscopical *soirée* was held at Apothecaries' Hall. A great number of microscopes was exhibited, the walls of the rooms were covered with colored diagrams (illustrative of microscopic structures and of various objects of natural history,) exotic plants, including palms, ferns, the pitcher plant, and many others. Among the microscopic objects exhibited were, the circulation in the foot of a frog, and in the branchiæ of the tadpole; the partial circulation or cylosis, in certain vegetables, the *Chara*, the *Nitella*, the *Valisneria spiralis*, and the plant lately discovered, the *Anacharis alsinastrum;* infusorial and rotiferous animalcules, and various forms of polypifera in a living condition; specimens of micrographic writing and photography, and minute shells and crystals, exhibited both by common and polarized light. In fact, it may be stated that every form of microscope, and every kind of illustration, were to be seen, the whole of the Microscopic Society having been invited, together with all the London manufacturers of that instrument, including Mr. Ross, Messrs. Smith and Beck, Mr. Pillischer, etc. Among the colored illustrations hanging on the walls, considerable interest was excited by the original sketches, made by the late Sir Charles Bell, on the field of Waterloo, exhibiting various forms of gun-shot and sabre wounds. Mr. Quekett's diagrams, illustrative of vegetable structures, and those of Dr. Lionel Beale, showing the minute structure of the liver, and his representations of urinary crystals and calculi, were also much admired. A specimen of bronzed skin attracted much attention. It showed very beautifully the deposit of pigment over the ridges of the papillæ. Among the philosophical apparatus displayed was a beautiful instrument, constructed by Mr. George Knight, in which the continuous current of electricity produced by the galvanic battery is converted, by passing through three miles of copper wire, coiled round a bundle of iron wires, into a spark of such intensity as

to give a vivid aurora light through a vacuum forty inches in length. The rooms were crowded during the evening, and among the visitors we noticed many gentlemen distinguished in the medical profession or in the pursuit of natural science. The arrangements reflected great credit on the stewards.—*Med. Times and Gaz.*, May 2, 1857.

Anatomical Preparation.—Please allow me to recommend a simple plan which will save an immense amount of labor in making anatomical preparations, especially those prepared by students in comparative anatomy: it has succeeded so well with me that I am anxious others may save labor likewise. The plan is, to cut off as much of the flesh as can be conveniently done, and then having put the skeleton thus "in the rough," in a box to prevent cats or dogs from disturbing it, place it where the ants can get at it and in a week or ten days the student will find every part stripped perfectly clean and presenting a far more beautiful preparation than any man can possibly make. The ants will take off the flesh without touching the ligaments, and leave every bone perfectly clean, even if it is no larger than a pin; some years since I made some preparations of small fish, and so elegantly were they cleaned that no lover of anatomy could well look on them without a quickening of the pulse. The box should be perforated with holes so as to allow the ready ingress and egress of the little dissectors; if too much flesh is left on, decomposition will take place to such an extent as to injure the ligaments, but if the flesh is pretty well taken off where it is thick, the ligaments will be uninjured. The skeleton "in the rough" should be secured in the desired position by a few pins, and the student can then transfer it from the box to the museum without further trouble, except varnishing. The student will then have in a few years a splendid set of specimens, instead of the shrivelled unsightly specimens looking like a dried rat skin that some old mouser has left. Tiresome labor and a great waste of time will be saved by this plan, and these will be sufficient to recommend it, independent of the beauty of the specimens.—*Nashville Journal of Medicine.*

B. H. Washington.

Experiments in Re-vaccination.—We find in the late number of the *Zeitschrift der k. k. Gessellshaft der Aerrte zu Vien*, the following results of re-vaccination in the House of Correctien, at Vienna, by Dr. F. Scholtz. The trials were made on 126 men and 37 women, and re-vaccination succeeded in 36 men and 12 women. The following were the conclusions of the writer:

1. The average proportion of successful cases was one in three.
2. The sex of the patient exercised no influence on the result.
3. The susceptibility to re-vaccination was in the inverse proportion to the number and perfection of the cicatrices left by previous vaccination.
4. This susceptibility increased in proportion to the length of time between the vaccinnation and the re-vaccination.
5. The increased susceptibility to the vaccine disease manifested itself both in the greater number of cases, and the greater number of perfect vesicles in each case.
6. In a few cases, variolous disease occurred 11 years after previous vaccination, and in no case did re-vaccination succeed earlier than eight years after variolous disease.
7. In no case was the normal course of re-vaccination accompanied by febrile symptoms, and when these did occur, the patient was either suffering from other disease, or the course of the vaccine disease was abnormal.
8. The majority of chronic diseases were not modified by re-vaccination, nor did they exercise any particular influence on the course of the vaccine vesicle.
9. In two cases accompanied by chronic spasms were the convulsions suspended during the course of the vaccine disease.

Pathological Specimens.—Dr. Goadby uses the following mixture for the preservation of fresh anatomical and pathological specimens: rock salt ℥ij; nitrate of potash (to preserve color) ℥ij; boiling water ℥iv. Mix and filter. This is said to be far superior to alcohol, and the color of preparations is better preserved.

Liberty of the Medical Press in France.—After the celebrated *coup d'état*, which established the position of the present ruler of France, not a word was allowed to transpire in the French medical jurnals respecting the fate or treatment of the wounded. Not a case was related, not a clinical observation made; and as far as could be learned from these journals, such an event, even as regarded its scientific teachings were concerned, had never occurred; although respecting former outbreaks no such silence had ever been observed. Matters do not seem to be much better now, the medical journals being subjected to the same interdict as the political ones, for instance, of not discussing the mental state of Verger the assassin of the archbishop. The editor of the *Moniteur des Hôpitaux*, after having in a previous number stated his intention of discussing at full the reasons which, in his mind, proved Verger to be insane, has been obliged in a subsequent one to announce that he is under the necessity of abandoning this project.—*Med. Times.*

Quackology.—"One of the most impudent of the class I ever read of was Dr. Graham, the inventor of the 'Electrical Ether,' the 'Nervous Ethereal Balsams,' the 'Imperial Pills,' the 'Liquidamber, or Preventive Lotion,' the 'British Pills,' and the 'Bracing or Restorative Balsam.' Dr. Graham assumed to be a graduate of the University of Edinburgh, and made the 'Electrical Cure' his point. He opened in Pall-mall the 'Temple of Health and of Hymen,' in 1781–82, whither people resorted to be healed, and where, 'at the electrical altar, or on the medico-electrical throne, without shock or any kind of uneasiness, into the general system, to the seat of the disease, or only to parts particularly affected, were conveyed the pure, active, balmy, bracing, and restorative effluvia of medicines, simply, or combined with full, genial tide of the celestial electric fire or vital light, magnetic effluvium, vivifying and etherial nitrous air, or any other of those great primary elementary principles, which are the universal pabulum or vital food of animal life, and, indeed, of universal nature!'

"This was Pretty extensive in its way, but was nothing to the doctor's private medical advice to married ladies and gentlemen who are not blessed with children. Here he out-Herod's Herod! He can fan and blow up the smallest spark of our virility, or even the expir-

ing embers of affection, and the vital generative powers in either sex, into a genial and prolific flame . . . . so as to make man and wife sweeter, lovelier and more desirable in the eyes of each other, the lady (age no matter) speedily becoming a healthy and happy mother!

"In the 'Temple of Health and Hymen,' Dr. Graham gave great allegorical morning concerts; to his name, odes, sonnets, and acrostics, were written; some absurd, and others infamously wicked.

"The reader interested in Quackology will find, in the library of the Medical Society of London, the transactions of this great quack, who, if the story there given be no exaggeration or satire, was assuredly, the King of Quackdom in the eighteenth century.

I am, &c., R. Cos."

Med. Times and Gaz., Nov. 29, 1856.

Statistics of Hernia.

From an analysis of one hundred and twenty-six fatal cases of hernia, in Guy's hospital, the following, among other conclusions, have been come to:

That femoral hernia requires operation twenty-five per cent. more frequently than inguinal—success in its reduction by the taxis being less frequent.

That half the fatal cases of hernia die within forty-eight hours after the operation.

That three-fourths of the cases which refuse to rally after the operation, are femoral.

That in about sixty-nine per cent. of fatal cases, inflammation exists sufficient to produce death.

That femoral hernia is more frequently gangrenous than inguinal.

That ruptured bowel from the taxis is most frequent in femoral hernia.

That fecal extravasation does not necessarily follow rupture of intestine.

That fecal extravasation does not occur so often as fifty per cent. in cases of rupture or perforation of the bowel.

That in femoral hernia, early operation is most imperative, and after operation, much more frequently followed by sinking.—*Guy's Hospital Reports.—Western Lancet.*

Large Doses of Iodide af Potassium in Scrofula.

Dr. F. B. Watkins, of Goochland, Va., gives, in the ***Monthly Stethoscope***, some cases in which he used this remedy successfully, in very large doses, in the treatment of scrofulous diseases. The first case was of a young lady, of slight and delicate figure and lymphatic temperament, who had an abscess near the spinal column, in the lumbar region, which discharged immense quantities—"quarts"—of pus. This was followed by curvature of the spine. Dr. W. gave the iodide of potassium in increasingly large doses—doses increased *ad libitum* as long as the stomach would sustain them. Beginning with ten to fifteen grains per diem, he continued to increase the dose until 150 grains were taken daily at three doses. At this point there was a marked improvement in the appearance of and discharge from the abscess. She continued taking this dose (150 grains daily) for a length of time, and *entirely recovered*, with the exception of the spinal curvature. Dr. W. gives the details of eight cases of scrofulous disease, in which the iodide was given in doses of 20 to 40 grains, three times a day—among them a little girl, five years of age, who took 40 grains, three times a day. In no case did the slightest unpleasant symptom interfere with the treatment.

Benefit Resulting from a Sea Voyage.

Dr. Simpson was so kind as to invite me, the other day, to go and visit with him an American lady under his treatment. I have his permission to detail the case. The patient is from New York City, and has had a severe menorrhagia for the last eight years. She has suffered, in conjunction with this, a long course of homœpathic treatment in New York. Her physicians had no clue to her real disease, never proposed the touch or the speculum, and finally in despair recommended a sea voyage, which luckily brought her to this city, (Edinburgh.) Her husband sent for Dr. Simpson, and judging from the minute history of the case and the condition of the patient, he concluded that she must have a polypus uteri. An examination showed the os uteri closed and of a normal size; but on the introduction of the uterine sound a uterine tumor was distinctly felt. The irritation of the sound brought on labor pains, and the tumor was soon forced through the cervix. Dr. S. preferring to let nature remove it if she would, left her in this condition. The next morning we found the patient very weak, having lost a large amount of blood.

The tumor still protruding through the crevix, Dr. S., anticipating danger from longer delay, siezed it with a pair of strong lithotomy forceps, and twisted it from its attachments. The hemorrhage, ceased at once, and the patient, under a careful tonic course, is rapidly recovering health and strength, a remarkable instance, upon the whole, of the benefit of a sea voyage in getting rid of a prolapsus uteri.—*Correspondence of Western Lancet.*

Pœonia Officinalis in the Convulsions of Children.—Dr. Livezey, in the *Boston Medical and Surgical Journal*, has the following remarks respecting the virtues of this plant in infantile convulsions:

"This plant has been much used by the old matrons in this country, and with uniform success. A case not long since happened, that apparently proved its antispasmodic power. A child of nine years had labored under convulsions daily, for several weeks. All the resources of the skill of three physicians had successively been exhausted without benefit, when "Aunt Polly" happened to call in with dried "*piney*" root in her pocket—one dose of which she administered, as above, and, strange to say, that, *vel post hoc, vel propter hoc*, the convulsions ceased *instanter*. Were this an isolated case, my credulity would cause me to say that it was a *post hoc* result—a happy coincidence; but such results are too thickly scattered over this community to allow me to doubt of its remedial power. It certainly possesses peculiar anodyne, or strong nervine powers; from the fact, further, that it will allay the nervous twitches, the subsultus, or the peculiar *startings* of infants during repose. In conclusion, I hope that the profession will throw aside prejudice in obstinate cases, and give this article a trial. The mode of administration is this: take of the dried root, grated, half a teaspoonful, scald it and sweeten, and give the whole at once to a child three or five years old, *ter die*. To an infant, the same amount may be given in divided doses, during the day or 24 hours."

Death followig the Inhalation of Chloroform in Surgical Operations.—Mr. T. Holmes has published (British Medical Journal, Jan. 24, 1857,) a table of deaths under the influence of chloroform, in the years 1853, 1854 and 1855, which, with the table published in the Association Medical Journal for 1853, p. 131, contain the

records of fifty deaths under chloroform, occurring during the eight years, 1848 to 1855, inclusive. In thirty-nine of these, post-mortem examinations were made; in the great majority the chloroform was given by qualified medical men.

The following summary of these tables is given (British Medical Journal, Feb. 21, 1857,) by Mr. Holmes:

1. *Sex.*—This is noted in 44 cases: 21 were males, 23 females.

2. *Age.*—All were persons in the middle period of life; no children, and only one man above the age of 60.

3. Most of the operations were of a comparatively trifling character.

4. The chloroform was given on a handkerchief, cloth, towel, or piece of lint, in 27 cases; on a sponge in 4; on an inhaler or other apparatus (not described) in 8; on Dr. Snow's inhaler in 3. In 8 cases the apparatus is not specified.

5. The quantity used was ʒj and under in 13 cases; ʒij and under in 12; ʒij to ʒss in 3; a larger quantity in 8; not specified, 14.

6. The time is noted in 32 cases: 2 minutes and under in 15 cases 2 to 5 minutes in 6 cases; 5 to 10 minutes in 6 cases; above 10 minutes in 5 cases (in one of them, 40 minutes.

7. The symptoms are intelligibly described in 36 cases.

In 19 there was no previous struggle; in all of these, except one, the pulse ceased before or at the same time with the inspiration.

In 17 there was previous struggle; in 4 of these, lividity and failure of respiration was next noticed; in 13, failure of the pulse, or of the bleeding from the wound, generally preceded by pallor.

8. Of 33 cases, in which post-mortem examinations were made;

a. Eight, viz: Nos. 15, 22, 31, 32, 34, 42, 46, 50, showed no appreciable morbid appearances, i. e., referable to chloroform; for one (No. 34) is said to have represented extravasation of blood in the spinal canal.

b. The heart is reported soft or flaccid in 10 cases, Nos. 3, 9, 16, 19, 20, 23, 24, 27, 30, 46; fatty in 9, Nos. 26, 29, 33,* 35, 36, 37, 38,* 41, 45. The cases marked thus * were two of the oldest patients in the list, and the morbid appearance seems not to have exceeded the traces of fatty degeneration usually found at that period of life. The heart was flaccid and empty in 7 cases, Nos. 2, 5, 8, 9, 10, 14, 48; full in 1, No. 1.

The blood was usually fluid; air was found in it in 3 cases, Nos. 2, 5, 24.

c. The lungs were congested in 14 cases, Nos. 1, 2, 5, 8, 9, 10, 16, 19, 20, 23, 28, 45, 46, 50.

d. The brain was congested in 7 cases, Nos. 1, 14, 16, 20, 23, 32, 44.

e. Other viscera were congested in 6 cases, Nos. 1, 10, 16, 20, 24, 30.

f. There was organic disease in four cases besides that of the heart, viz: aneurism, No. 39; phthisis, No. 3; atheromatous arteries, Nos. 33, 38. The latter had also granular degeneration of the kidneys. It will be observed that the latter two had also fatty degeneration of the heart, but to a slight extent.

In considering the results of the tables of which a summary is here given, there is one thing which must, I think, attract the attention of every reader: I mean the fact that no child or any old person died from the administration of chloroform. This is a forcible confirmation of the view which I was endeavoring to enforce in my previous communication, viz: that most of the fatal accidents from chloroform have arisen from some imperfection in the method of its administration, and are not to be regarded as unavoidable results of its continued use, when that method shall have become better understood and more carefully followed. Otherwise, what cause can be given for the exemption which children have enjoyed? Chloroform is given even more frequently to children than to adults, as the intractability of the former renders its use necessary or expedient in many minor operations (such as passing sounds, exploring diseased parts, etc.) where it is not employed in the latter. Children, again, are affected by a less quantity of chloroform than adults, and are generally more exposed to the influence of narcotics; so that, on all accounts, we should have expected a more than proportionate mortality among them; instead of which, no case is found reported in eight years. I can hardly imagine any cause for this, except that which is found in the fact that every one is aware of the facility with which children are narcotized, the danger of an over-dose, and consequently the necessity of caution; and it is not an unfair inference that, if this caution were more generally exercised, the number of deaths would be much reduced. The same observations apply to the other extreme of life. At any rate, we may say that our present experience negatives the doctrine which has been sometimes propounded, that the extremes of age are contra-indications in the use of chloroform."—*Vir. Med. Journal.*

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CATALOGUE

OF

DRUGS,

PHARMACEUTICAL PREPARATIONS,

Utensils, Apparatus,

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OFFERED TO PHYSICIANS BY

BULLOCK & CRENSHAW,

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The Catalogue has been issued at a very considerable expense to us, and we trust it will be found acceptable to our customers, and introduce us to others.

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ACETONE (pyroxilic spirit)	$1 50 per lb.*	
ACETUM, Opii	1 50	lb.
Scillæ	50	lb.
ACID: Acetic: No. 8	25	lb.
Acet: Glacial (used as a mild cautery)	18	oz.
Arsenios: (Pure)	06	oz.
Arsenic:	25	oz.
Benzoic:	40	oz.
Citric:	1 50	lb.
Gallic:	75	oz.
Gallic: Pyro	50	dr.
Muriatic: Med: Pure	12	lb.
Nitric: Med: Pure	25	lb.
Nitro-muriat:	25	lb.
Oxalic:	50	lb.
Phosphoric: Glacial	50	oz.
" Dilut: (containing 8.7 per cent.)	1 00	lb.
Prussic: (U. S. P. in oz. Stop. Bot. & Case)	31	oz.
Pyroligneous, Rectif:	25	lb.
Sulphuric:	06	lb.
" Aromatic:	50	lb.
Tannic:	31	oz.
Tartaric:	62	lb.
Valerianic:	2 50	oz.
ACONITINE	15	gr.
ALCOHOL, U. S. P.	62 to 75	gall.
95 per ct.	1 00	gall.

* The pounds and ounces referred to in this Catalogue are all avoirdupois; for convenience we have used the term dr. for the 1-8th of an avoirdupois ounce.

ALCOHOL, Absolute, sp. gr. .794	$0 75	per pt.
ALUM	08	lb.
Ammonio-ferric: (a new and valuable astringent)	12	oz.
Chrome	12	oz.
Dried (alumen usta)	06	oz.
Iron and Potassa	12	oz.
ALOE, Capens:	25	lb.
" Pulv:	38	lb.
Socotrina	63	lb.
" Pulv:	75	lb.
AMMON: Aqua: fff.	20	pint.
Acetat: solut:	25	pint.
Arsenias	38	oz.
Benzoas	1 50	oz.
Carb:	25	lb.
Hydrosulph:	12	oz.
Spiritus, Simp:	25	pint.
" Aromat:	50	pint.
Sulph: Refined	06	oz.
Valerianas (concentrated solution of)	2 12	oz.
Murias	25	lb.
Mur: Pulv:	38	lb.
Nitras	1 00	lb.
Phosphas	1 50	lb.
AMYGDALIN	50	dr.
ANNATTO	50	lb.
ANTIMONII Chlor: Cryst:	25	oz.
et Potass: Tart:	75	lb.
Sulphuret: Nig: Pulv:	20	lb.
" Kermes	12	oz.
" Golden	12	oz.
AQUA Ammon: fff.	20	pint.
" Concent:	38	pint.
Camphoræ	12	pint.
Cinnamomi	12	pint.
Destill:	06	pint.
Fortis	12	lb.
Lauro-Cerasi	50	pint.
Medicata, various, U. S. P.		
Menth: Pip:	12	pint.
" Sativ:	12	pint.
Rosæ, Destill:	12	pint.
ARGENTI IODID:	2 00	oz.
Nitras, Cryst: (Pure)	1 25	oz.
" Fused (Pure)	1 25	oz.
Oxidum	2 00	oz.
ARSENICUM (Pure sublimed)	25	oz.
Iodid:	1 50	oz.
Solut: (Fowler's)	50	pint.
" (Donovan's)	50	pint.
ASPARAGIN	1 50	dr.
ASSAFŒTIDA	38	lb.

ATROPIA	$0 15	per gr.
Sulph:	15	gr.
BACCÆ Cubebæ	50	lb.
" Pulv:	62	lb.
Cocculus Ind:	25	lb.
" " Pulv:	38	lb.
Juniperi	25	lb.
Pip: Nig: Pulv:	20	lb.
BALSAM: Canada	75	pint.
Copaibæ	62	lb.
" Solid:	1 00	lb.
" Capsules	75, 1 50, 2 00	doz.
Peruv:	25	oz.
Sulphur: (Oleum Sulphuret:)	50	lb.
Tolu:	1 25	lb.
BAY RUM	38	bot.
BEBEERIN	3 00	oz.
Sulph:	2 00	oz.
BISMUTH: Oxy-Chlorid:	12	oz.
Subnit: (Oxide)	12	oz.
Valerian:	50	dr.
BLANCARD'S PILLS (Iodide Iron)	50	bot.
BLUE MASS: U. S. P.	1 00	lb.
BRANDY, French Medicinal	1 75	bot.
BRUCIA	50	dr.
Sulph:	50	dr.
BURGUNDY PITCH, True	16	lb.
CADMII Sulph:	1 00	oz.
CAFFEINE	1 00	dr.
CALCIS Chlorinat:	10	lb.
Carb: Præcip: Eng:	38	lb.
" Præp:	08	lb.
Phosph: Præc:	50	lb.
CALCH Chlor: Cryst: (Pure)	50	lb.
CALOMEL Hydrosublimed	1 25	lb.
English	1 50	lb.
CAMPHORA	50	lb.
CANTHARIDES	2 25	lb.
Pulv:	2 50	lb.
CANTHARIDIN TISSUE (a convenient vesicating vehicle—in cans containing 5 yards)	1 25	each.
Dressing Tissue	75	can.
CAPSICI AFRIC: Pulv:	50	lb.
CAPSULES, Copaib:	75, 1 50, 2 00	doz.
Copaib: and Cubebs	3 00	doz.
CARBO LIGNI, Pulv: (Willow)	25	lb.
CARBON, Bisulphuret	12	oz.
CARRAGEEN	25	lb.
CARYOPHYLLUS	25	lb.
Pulv:	38	lb.
CASTOREUM RUSSIC:	1 00	oz.
CATECHU	25	lb.

CATECHU, Pulv:	$0 38	per lb.
CERA ALBA	60	lb.
CERATUM Cantharidis	1 50	lb.
Cetacei	50	lb.
Plumbi S'acet:	50	lb.
Resinæ	50	lb.
" Comp:	50	lb.
Sabinæ	50	lb.
Simplex	50	lb.
Zinci Carb:	50	lb.
CETACEUM	56	lb.
CETRARIA (Iceland Moss)	20	lb.
CHIMAPHILA	25	lb.
CHINOIDINE	50	oz.
CHIRETTA		
CHLOROFORM (Pure)	1 50	lb.
CHONDRUS (Irish Moss)	25	lb.
CINCHONINE	1 00	oz.
Sulph:	90	oz.
COCCINELLA (Cochineal)	12	oz.
CODEINE	3 00	dr.
COD-LIVER OIL, in pint bottles	5 00	doz.
COLOCYNTHUS	75	lb.
Pulv: (Powdered pulp)	1 50	lb.
COLOGNE WATER	38	pt.
(Superior)	75	pt.
COLLODION,	1 00	pint.
in 1 oz. bottles	1 50	doz.
Cantharidal, in ½ oz. Stop. Bot.	2 00	doz.
CONFECT: Rosæ	50	lb.
Opii	10	oz.
Sennæ	50	lb.
CONIA	2 00	dr.
COPTIS TRIFOLIAT	1 00	lb.
CORNU CERVI (Rasped)	50	lb.
CORTEX Aurantii	15	lb.
" Contus:	20	lb.
Angusturæ	30	lb.
Canellæ	25	lb.
" Pulv:	38	lb.
Cascarillæ	25	lb.
" Pulv:	38	lb.
Cassiæ	50	lb.
" Pulv:	62	lb.
Cinchon: Flav:	1 50	lb.
" " Pulv:	1 75	lb.
" Rub:	1 50	lb.
" " Pulv:	1 75	lb.
Cinnam: (Ceylon)	12	oz.
Mezerei	25	lb.
Prun: Virg:	20	lb.
Punic: Gran: Fruct:	38	lb.

CORTEX, Punic: Gran: Rad:	$0 50	per lb.
Quassiæ Simarub:	75	lb.
Sasaf: Rad:	15	lb.
Ulmi	15	lb.
" Pulv: (Fine)	25	lb.
" " (Coarse)	25	lb.
Winteræ Aromat:	75	lb.
Xanthoxyl:	38	lb.
CREASOTUM, in 1 oz. Stop. Bot.	31	oz.
CROCUS SATIVUS (Saffron)	62	oz.
CUBEBA	50	lb.
Pulv:	62	lb.
CUBEBINE	1 00	dr.
CHELTENHAM SALT (imitation of Cheltenham Spa)	3 00	doz.
CUPRUM AMMONIAT:	12	oz.
CUPRI SULPHAS	15	lb.
Diniodid:	75	oz.
DELPHIA	4 00	dr.
DEXTRINE	50	lb.
DIGITALINE	25	gr.
in Pilules, (French) containing 1-65 of a grain	80	bot.
DOLICHOS PRURIENS (Cowhage)	1 00	oz.
DOVER'S POWDER	15	oz.
DULCAMARA	25	lb.
ELATERIUM (Clutterbuck's)	1 25	dr.
ELIXIR OPII (McMunn's)	2 00	doz.
(Crew's)	2 00	doz.
EMETINE	2 50	oz.
EMPLAST: Adhesiv:	38	lb.
Ammoniac:	75	lb.
" C. Hydrarg:	1 25	lb.
Assafœt:	1 25	lb.
Belladon:	1 50	lb.
Calefac:	75	lb.
Cantharid:	1 50	lb.
Galban: Comp:	50	lb.
Hydrarg:	1 00	lb.
Logani	50	lb.
Myrrhæ	1 00	lb.
Opii	2 00	lb.
Plumbi	38	lb.
Resinæ	38	lb.
Roborans	38	lb.
Saponis	50	lb.
ERGOTA	1 25	lb.
Pulv.	1 50	lb.
ERGOTINE	50	dr.
ESS: MENTH: PIP: U. S. P.	75	pint.
Zingib: Jamaica, Concent: in 4 oz. Bot's	3 00	doz.
ETHER Acetic	60	pint.
Chloric	50	pint.
Sulphuric	30	pt.

ETHER, Sulphuric, Letheon	$0 38	per pt.
Phosphorized	6	oz.
EXTRACT: Aconiti, Eng:	25	oz.
Anthemid:	12	oz.
Arnicæ	25	oz.
Belladon:	25	oz.
Cannab: Ind: Eng:	2 00	oz.
Cinchon: Rub:	50	oz.
Cinchon: Præcip: in oz. Pots	50	oz.
Colchici: Acet:	50	oz.
Coloc: Comp:	2 50	lb.
" " Pulv:	20	oz.
Coloc: Simp:	50	oz.
Conii, Eng:	12	oz.
Cotyledon: Umbilic:	1 00	oz.
Digital:	25	oz.
Dulcamaræ	25	oz.
Gallæ	12	oz.
Glycyrrhizæ Calab:	30	lb.
" Pulv:	50	lb.
Gentianæ	75	lb.
Geranii Maculat:	25	oz.
Hellebor: Nig:	25	oz.
Humuli	25	oz.
Hyoscyami, Eng:	25	oz.
Ignatii Amaræ	2 00	oz.
Jalapæ Alc:	25	oz.
Jugland: (Butternut)	20	oz.
Krameriæ (by cold displacement),	38	oz.
Monesiæ	2 00	oz.
Nuc: Vom: Alc:	50	oz.
Opii Acet:	1 00	oz.
" Aquos:	1 00	oz.
Pareiræ Brav:	75	oz.
Podophylli	31	oz.
Quassiæ	50	oz.
Rhei	25	oz.
Sabinæ	50	oz.
Sarsap: Alc:	38	oz.
Stramonii	25	oz.
Secale Cornut: (without oil)	50	oz.
Taraxaci, Eng:	12	oz.
Valerian: Solid: (Ethereal)	50	oz.
Cinchon: Flavæ Fluid: (U. S. P.)	2 00	lb.
Cubebæ Fluid: Æth: "	31	oz.
Diosmæ " "	1 00	lb.
Dulcamaræ "	1 00	lb.
Piper: Nig: Fluid: Æth:	1 00	lb.
Rhei Fluid: (U. S. P.)	2 00	lb.
Sarsap: Fluid: Comp: (U. S. P.)	1 25	lb.
Sennæ " " "	1 00	lb.
Spigeliæ " " "	1 00	lb.

EXTRACT: Sombul: Fluid: (Musk root) . $4 00 per lb.
Taraxaci, " . . 1 00 lb.
Valerianæ, Fluid, Æth: (U. S. P.) . 1 00 lb.

We have been appointed agents for Philadelphia, for Fluid Extracts, manufactured by Messrs. Henry Thayer, M. D., & Co. These Extracts are carefully manufactured *in vacuo*, and afford an elegant and reliable method of administering the various medicines. They all contain about 20 per cent. of Alcohol, as a means of preservation. When the nature of the drug is resinous or oily, the proportion of alcohol is increased sufficiently to secure the solution of these bodies.

The Extracts, which are officinal, are made to conform in strength to the U. S. Pharmacopœia. In the others, each fluid pound of Extract, represents one pound of the raw material.

Sugar and flavoring oils, are omitted in all the Extracts: the addition of these, being left to the judgment of the physician.

The Extracts are all neatly put up in bottles, containing one-fourth and one-half pound.—Vide American Journal of Pharmacy, vol. 28, page 88.

SUBJECT TO CHANGES IN THE MARKET.	In ¼ lb. bottles, per pound.	In 4 oz. phials, per dozen.
Aconite Root, *Aconitum Napellus*,	1 37	4 75
American Valerian, *Cypripedii*,	1 12	4 25
Arnica Flowers, *Arnica Montana*,	1 37	4 75
Belladonna,	1 37	4 75
Blackberry Root, *Rubus Villosus*,	1 00	4 00
Bloodroot, *Sanguinaria Canad*,	1 12	4 25
Blue Flag, *Iridis*,	1 37	4 75
Boxwood Bark, *Cornus Flor*,	1 12	4 25
Buchu, *Diosma Crenata*,	87	3 75
Bugle Weed, *Lycopus Vir*,	1 12	4 25
Butternut, *Juglandis*,	1 00	4 00
Cyenne, *Capsicum*,	1 12	4 25
Cinchona,	1 12	4 25
Cinchona, True Red,	2 12	7 00
Cinchona, Comp. U. S. P.	1 50	5 00
Chamomile, *Anthemis*,	1 12	4 25
Checkerberry, *Gaultheria*,	1 12	4 25
Cherry Bark, *Prunus Vir*,	1 00	4 00
Cherry Bark, Comp.	92	4 00
Cohosh, Black, *Cimicifuga*,	1 12	4 25
Colchicum Root, *Colchici Radix*,	1 12	4 25
Colchicum Seeds, *Colchici Semen*,	1 37	4 75
Columbo, *Columba*,	1 00	4 00
Conium Maculatum,	1 12	4 25
Cranesbill, *Geranium*,	1 12	4 25
Cubebs, *Cubeba*,	1 62	5 50
Cubebs, Ethereal,	4 12	13 00
Culvers Root, *Leptandria*,	1 37	4 75
Dandelion Root, *Taraxacum*,	1 12	4 25
Digitalis,	1 37	4 75
Ergot, *Ergota*,	1 37	4 75
Gentian, *Gentiana*,	80	3 75
Gentian Comp. U. S. P.	80	3 75
Ginger, Jamaica,	87	3 75
Hardhack, *Spirea Tomentosa*,	1 00	4 00
Henbane, *Hyocyamnus*,	1 37	4 75
Hops, *Humulus*,	1 12	4 25

NO CHARGE FOR PACKAGES.	In ¼ lb. bottles, per pound.	In 4 oz. phials, per dozen.
Horehound, *Marrubium*,	1 12	4 25
Lettuce, *Lactuca*,	1 12	4 25
Lobelia, *Lobelia Inflata*,	1 12	4 25
Lovage, *Ligusticum*,	1 37	4 75
Mandrake, *Podophyllum*,	1 12	4 25
Matico, *Piper Angust*,	1 12	4 25
Oak Bark, *Quercus Alba*,	1 00	4 00
Opium, Aqueous,	1 62	5 50
Orris Root, *Iris Flor*,	1 12	4 25
Pareira Brava, *Pureira*,	1 12	4 25
Peppermint, *Mentha Piperita*,	1 12	4 25
Pinkroot, *Spigelia*,	1 25	4 50
Pinkroot and Senna,	1 00	4 00
Pipsissewa, *Chimaphila*,	1 00	4 00
Pleurisy Root, *Asclepias Tub*.	1 42	5 00
Poke Root, *Phytolacca*,	1 12	4 25
Prickly Ash, *Xanthoxylon*,	1 12	4 25
Quassia,	87	3 75
Queensroot, *Stillingia*,	1 12	4 25
Rhatany, *Krameria*,	1 62	5 50
Rhubarb, *India*,		
Rhubarb, *Bucharian*,		
Rhubarb and Senna,	1 62	5 50
Sarsaparilla, Simple,	1 12	4 25
Sarsaparilla, Comp. U. S. P.	1 12	4 25
Scullcap, *Scutellaria*,	1 12	4 25
Senna, U. S. P.	75	3 75
Senna, Aqueous,	92	4 00
Senna with Coffee,	1 00	4 00
Senna and Dandelion,	1 12	4 25
Senna and Jalap,	1 12	4 25
Senna, Compound,	92	4 00
Snakeroot, *Serpentaria*,	1 62	5 50
Stramonii Folia,	1 12	4 25
Stramonii Semen,	1 37	4 75
Thoroughwort, *Eupatorium*,	1 12	4 25
Unicorn, *Helonias*,	1 37	4 75
Uva Ursi,	87	3 75
Valerian, *Valeriana Officinalis*,	87	3 75
Veratrum Viride,	2 12	7 00
Water Pepper, *Polygonum*,	1 12	4 25
Yellow Dock, *Rumex*,	1 00	4 00

FECULA MARANTA (Arrow root) . . $0 50 lb.

FARINA Avenæ Beth:	$0 10	per lb.
Sem: Lini	10	lb.
FERRI Arsenias	75	oz.
Ammon: Chlor:	06	oz.
Bromid:	75	oz.
Carb: Præcip:	30	lb.
" Vallet's	75	lb.
Citras	20	oz.
Ferrocyanuret:	12	oz.
Iodid:	75	oz.
Iodid: Syrup:	1 25	lb.
Lactas	38	oz.
Limatura, (iron filings)	12	lb.
Oxid: Hydrat:	50	lb.
Oxid: Nig:	10	oz.
Pernit: Solut:	75	lb.
Phosphas	60	lb.
et Magnes: Citras	20	oz.
et Ammon: "	20	oz.
et Quin: "	1 00	oz.
et Potass: Tart: (in Scales)	20	oz.
et Ammon: Tart:	20	oz.
Sesquichlor:	38	oz.
Sulphas Pur:	25	lb.
Tannas	50	oz.
Valerianas	2 00	oz.
FERRUM subtillissim:	25	oz.
" Reduced by Hydrogen (Quevennes)	50	oz.
" " " " French,	1 00	oz.
FLORES ANTHEM:	50	lb.
Arnicæ	50	lb.
Lavand:	25	lb.
Rosæ Gallic:		
FOLIA Aconiti, Eng:	1 00	lb.
Belladon: "	1 00	lb.
Conii "	1 00	lb.
Digitalis "	1 00	lb.
" " Pulv:	1 25	lb.
Diosmæ Crenat:	75	lb.
Hyoscyam: Eng:	1 25	lb.
Lobeliæ	50	lb.
Matico	12	oz.
Sabinæ, Eng:	1 00	lb.
" " Pulv:	1 25	lb.
Sennæ Alex.	31	lb.
" " Pulv:	50	lb.
Uvæ Ursi	25	lb.
FUSEL OIL	25	pint.
GALLA ALEPPO	50	lb.
" " Pulv:	65	lb.
GELATINE, TRANSPARENT, French, (a convenient and excellent article for making jelly)	1 00	lb.

GLYCERINE, Inodorous	$2 00	per lb.
GRANVILLE'S LOTION, Fort:	50	pint.
GUM: Acac: No. 1.	60	lb.
" No. 2.	50	lb.
" Pulv:	75	lb.
Ammoniac:	50	lb.
Benzoin:	75	lb.
Elemi:	50	lb.
Galban: Colat:	1 00	lb.
Gambogia	1 00	lb.
" Pulv:	1 25	lb.
Guaiacum	50	lb.
Myrrha Turc:	62	lb.
" Pulv:	75	lb.
*Scammon: (Virgin)	1 00	oz.
Tragacanth:	75	lb.
Styrax (Liquid)	50	lb.
GUTTA PERCHA		
HAARLEM OIL (Imported)	75	doz.
HIERA PICRA	75	lb.
HOOPER'S PILLS	75	doz.
HORDEUM PERLAT:	10	lb.
HUMULUS LUPULUS	38	lb.
HYDRARGYRUM	1 00	lb.
Ammon:	12	oz.
Chlor: Mit:	1 25	lb.
" " Ang:	1 50	lb.
Bichlor: Corros:	12	oz.
Bicyanid:	50	oz.
Cum Creta	12	oz.
Cum Magnesia	12	oz.
Distilled (Pure)	1 25	lb.
Iodid: Proto:	75	oz.
" Bin:	75	oz.
Nitras Per: (acid solution, for cautery)	12	oz.
Oxid: Rub:	12	oz.
Phosphat:	75	oz.
Subsulph: (Turpeth mineral)	12	oz.
Sulphuret: Nig: (Ethiop's mineral)	12	oz.
ICHTHYOCOLLA Americana	1 00	lb.
IODINUM (Resublimed in 1 oz. Stop. Bot.)	62	oz.
KINO	1 00	lb.
KOUSSO (Remedy for tape-worm)	75	oz.
LACTUCARIUM	1 00	oz.
LAPIS DIVINIS	25	oz.
LICHEN Island:	20	lb.
LIGNUM Guaiaci Rasp:	12	lb.
Quass:	12	lb.
Santal: Rub:	12	lb.
LINTEUM (finest linen)	1 25	lb.

* Aleppo Scammony has become so impure, we do not price it. We had occasion to test a number of samples, and no one contained five per cent. of Virgin Scammony.

LIQ: Ammon: Acet:	$0 25	per lb.
" fff.	20	pint.
" Concent:	38	pint.
Donovani	50	pint.
Ferri Ternitras	75	pint.
Opii Sedativ:	1 00	pint.
Potassæ, U. S. P.	25	pint.
" Arsen: (Fowler's)	50	pint.
Plumb: S'acet:	50	pint.
Sodæ Chlorinata (Labarraque's), pt. Stop. Bot.	25	bot.
LUNAR CAUSTIC (Pure)	1 25	oz.
LUPULINA	20	oz.
LYCOPODIUM	1 00	lb.
MACIS	1 50	lb.
MAGNES: Calc: Opt: Ang:	75	lb.
" " " in lb. bottles	1 00	lb.
Carb:	30	lb.
" Small Squares	50	lb.
Citras, Solid (for making effervescing solution) in 4 oz. bottles	2 50	doz.
*Husband's	4 00	doz.
Henry's	8 00	doz.
Sulphas	06	lb.
MANGANESII Carb: (Pure)	38	oz.
Chlorid:	38	oz.
Iodid: (syrup)	2 00	lb.
Oxid: (black)	10	lb.
Oxid: (red)	38	oz.
Phosphas	38	oz.
Sulphas	31	oz.
Tartras	38	oz.
MANNA, Small Flake	1 00	lb.
Large Flake	1 50	lb.
MANNITE	37	oz.
McMUNN'S ELIXIR	2 00	doz.
MECONIN	3 50	dr.
MEDULLA Sassaf:	38	oz.
MEL ROSÆ	50	lb.
MORPHIA Pure Alkaloid	1 00	dr.
MORPHLÆ Acetas	5 00	oz.
Murias	5 00	oz.
Sulphas	5 00	oz.
Valerianas	1 00	dr.
MOSCHUS		
MUCUNA (Cowhage Down)	1 00	oz.
MYRISTICA	1 50	lb.
NAPHTHA (Medicinal)	1 50	lb.
NARCOTINA	50	dr.
NICKEL: Sulph: Pur:	50	oz.
Nitras "	50	oz.

* Husband's magnesia has been long used by the Profession in this city, and is preferred to Henry's.

NUCIS VOM: Pulv:	$0 38	per lb.
OLEUM Amygd: Amar:	1 25	oz.
" Dulc:	62	lb.
Anethi Fœniculi	20	oz.
Anisi	38	oz.
Aurantii Cort:	20	oz.
Bergamii	31	oz.
Cari	25	oz.
Cajuputi	25	oz.
Camphoræ	25	oz.
Caryophylli	25	oz.
Cassiæ	37	oz.
Chenopodii	38	oz.
Copaibæ	12	oz.
Croton: Tiglii	50	oz.
Cubebæ	38	oz.
Ergotæ	75	oz.
Feliciis Maris, Ethereal (Male Fern)	1 00	oz.
Gualtheriæ	38	oz.
Hedeomæ	20	oz.
Jecoris Aselli (in pint bottles)	5 00	doz.
Juniperi	75	lb.
Lavandulæ	12	oz.
Limonis	25	oz.
Menthæ Piperitæ	38	oz.
" Sativ:	25	oz.
Monardæ	20	oz.
Myristicæ Ess:	75	oz.
Olivæ Opt:	4 50	doz.
" Com:	25	pint.
Origani	75	lb.
Pimentæ	1 00	oz.
Piper: Nig:	1 00	lb.
Pini Canadensis	75	lb.
Ricini	25	lb.
Rosmarini	75	lb.
Sabinæ	12	oz.
Sassafras	10	oz.
Sinapis, Ess:	3 00	oz.
Succini Rect:	1 00	lb.
Tanaceti	20	oz.
Terebinthinæ	10	pint.
Valerianæ	1 25	oz.
OPIUM Turc:	(variable) 6 00	lb.
" Pulv:	50	oz.
" Denarcot:	75	oz.
OPODELDOC, Liquid	1 00	doz.
Solid	1 00	doz.
OS: SEPIÆ	38	lb.
OX GALL, Inspissated	31	oz.
PAPAV: Capsul:	38	lb.
PIMENTA	25	lb.

PIMENTÆ Pulv:	$0 38	per lb.
PETROL: Barbadens:	25	lb.
PIL: HYDRARG: U. S. P.	1 00	lb.
PILULES of Digitaline, containing 1-65 of a grain	80	bot.
PILLS of Iodide of Iron, containing 1 grain each: (these Pills are preserved by a coating of Balsam of Tolu)	50	bot.
Comp: Cathartic, U. S. P.	38	oz.
PICROTOXIN	50	dr.
PIPERINE	75	oz.
PIX Abietis	16	lb.
Canadensis, (Hemlock Pitch)	50	lb.
PLUMBI Acetas	20	lb.
Chlorid	25	oz.
Iodid:	1 00	oz.
Nitras	50	lb.
Tannas	25	oz.
POTASSA Fusa (Caustic) in sticks	12	oz.
Cum Calce, in sticks (Vienna Caustic)	12	oz.
POTASSÆ Acetas	12	oz.
Arsenias	50	oz.
Arsenis	12	oz.
Bicarb: Cryst:	37	lb.
Bitart: Pulv:	40	lb.
Carb: (Sal: Tart:)	15	lb.
Chloras	75	lb.
Citras	1 50	lb.
Iodo: Hydg: (Cryst:)	75	oz.
Mangan: Per:	12	oz.
Nitras	12	lb.
Phosph:	38	oz.
Sulphas	16	lb.
" Pulv:	25	lb.
Tart: (Soluble Tartar)	50	lb.
POTASSII Bromid:	50	oz.
Cyanid:	12	oz.
Ferrocyan:	06	oz.
Ferricyan:	12	oz.
Iodid:	5 50	lb.
Sulphuret:	50	lb.
PREPARED CHALK	08	lb.
PULVIS Antimonialis	06	oz.
Aromat:	12	oz.
Doveri	15	oz.
Seidlitz	38	lb.
QUINIÆ Acetas	3 00	oz.
Arsenias	6 00	oz.
Citras	3 50	oz.
et Ferri Citras	1 00	oz.
Ferrocyan:	3 50	oz.
Iodid:	4 00	oz.
Lactas	4 50	oz.

QUINIÆ, Murias		$3 50	per oz.
Sulphas	(variable)	2 50	oz.
Tannas		3 50	oz.
Valerianas		6 00	oz.
RADIX Aconit: Contus		1 00	lb.
Actææ Racemos:		25	lb.
" " Pulv:		50	lb.
Arnicæ		1 00	lb.
Belladonnæ		1 50	lb.
Colchici, Eng:		50	lb.
Colombæ		20	lb.
" Pulv:		38	lb.
Coptis Trifoliat:		1 00	lb.
Curcumæ Opt: (Turmeric)		25	lb.
Gentianæ		12	lb.
" Contus		20	lb.
" Pulv:		30	lb.
Geranii Maculat:		50	lb.
Glycyrrhizæ		10	lb.
" Pulv:		25	lb.
Hydrastis Canadensis		50	lb.
" " Pulv:		75	lb.
Ipecac:		2 25	lb.
" Pulv:		2 50	lb.
Irid: Florent:		25	lb.
" " Pulv:		38	lb.
Jalapæ		88	lb.
" Pulv:		1 00	lb.
Krameriæ		38	lb.
" Contus		50	lb.
" Pulv:		62	lb.
Pareiræ Bravæ		1 00	lb.
Rhei E. I., (best)	(scarce)	1 50	lb.
" " Pulv:	(scarce)	1 75	lb.
" Russic:		38	oz.
" " Pulv:		50	oz.
Sanguinariæ		25	lb.
" Pulv:		50	lb.
Sarsap: Contus:		37	lb.
Scillæ		25	lb.
" Pulv:		62	lb.
Senegæ		1 00	lb.
Serpentariæ		60	lb.
" Pulv:		75	lb.
Sombul (Musk Root)		25	oz.
Spigelia		40	lb.
" Pulv:		50	lb.
Stillingiæ		1 00	lb.
Taraxaci		30	lb.
Tormentillæ		38	lb.
Valerianæ, Eng:		50	lb.
" " Pulv:		75	lb.

RADIX, Zingib: Jamaic:	$0 50	per lb.
" " Pulv:	62	lb.
RESINA JALAPÆ	1 00	oz.
SACCHARUM LACTIS	50	lb.
" " Pulv:	60	lb.
SAGO PERLAT:	10	lb.
SAL: Rochelle:	50	lb.
Prunelle	38	lb.
SALICINE	75	oz.
SANGUIS DRACONIS	1 50	lb.
SANTONINE	1 50	oz.
SAPO Hispan:	16	lb.
" White	20	lb.
Windsor (Brown)	10	cake.
SEIDLITZ POWDERS, in Tin Boxes	2 25	doz.
MIXTURE	38	lb.
SEMINA Anisi	20	lb.
Cardam:	1 50	lb.
Cari	20	lb.
Chenopod: Anthelm:	25	lb.
Colchici	50	lb.
Coriandri:	15	lb.
Cydoniæ	25	oz.
Fœniculi	20	lb.
Lini	08	lb.
Sinapis	15	lb.
" Pulv: Eng:	38	lb.
SODÆ Acetas	06	oz.
Arsenias	25	oz.
Arsenis	12	oz.
Biboras	38	lb.
Bicarbonas	12	lb.
Carbonas	06	lb.
Chlorinat: (solution, in pint stoppered bottles,)	25	bot.
Nitras Ref:	25	lb.
Phosphas	50	lb.
et Potassæ Tart:	50	lb.
Sulphas	06	lb.
SOLANUM DULCAMARA	25	lb.
SOLANINE	15	gr.
SP: Ammon:	25	pint.
" Arom:	50	pint.
Æther: Nit:	20	pint.
" Sulph: Comp:	30	pint.
Lavand: Comp:	50	pint.
" Simp:	25	pint.
Vini Gallic: (4th proof French Brandy)	4 00	gal.
SPONGIA (for Surgical use)	25	oz.
STRYCHNIA	75	dr.
Acetas	75	dr.
Nitras	75	dr.
Iodid:	1 00	dr.

STRYCHNIA, Sulph:	60 75	per dr.
SUGAR OF MILK	50	lb.
Powdered	60	lb.
SULPHUR Rotund:	06	lb.
Sublimat:	10	lb.
Iodid:	75	oz.
Sublimat: Lot:	15	lb.
Præcip: Pur:	50	lb.
SYRUPUS Althææ	75	lb.
Allii	75	lb.
Acaciæ	50	lb.
Aurantii	50	lb.
Calcis Phosph:	50	lb.
Digitalis	50	lb.
Ferri Iodid:	1 25	lb.
" Citratis	1 00	lb.
Gallæ	50	lb.
Ipecac:	50	lb.
Limonis	3 00	doz.
Lobeliæ	50	lb.
Mangan: Iod:	2 00	lb.
Marrub Comp:	50	lb.
Morph: Sulph: (Jackson's)	75	lb.
Papaveris	50	lb.
Prun: Virg:	50	lb.
Rhamni Cathart: Ang: (Buckthorn)	1 00	lb.
Rhei	50	lb.
" Aromat:	50	lb.
Sarsap: Comp: U. S. P.	2 00	gal.
" " in pint bottles	6 00	doz.
Scillæ	50	lb.
" Comp:	50	lb.
Simplex	25	lb.
Sennæ	50	lb.
Senegæ	50	lb.
Tolutani	50	lb.
Zingiberis	25	lb.
TANNIN	31	oz.
TAPIOCA	25	lb.
TARTAR EMETIC	75	lb.
TEREBINTHINA Venet:	30	lb.
TEST: OST: PRÆP:	75	lb.
THEINE	1 00	dr.
TINCTURA Aconiti Fol:	50	pint.
" Rad: U. S. P.	1 00	pint.
" " (Fleming's)	1 25	pint.
Aloes	50	pint.
" Comp:	50	pint.
" et Myrrhæ	50	pint.
Assafœtidæ	50	pint.
Arnicæ	50	pint.
Aurantii	50	pt.

TINCTURA, Belladonnæ	$0 50	per pt.
Benzoin: Comp:	50	pint.
Buchu	50	pint.
Colombæ	50	pint.
Camphoræ	50	pint.
Cannab: Ind:	12	oz.
Cantharidis	50	pint.
Capsici	50	pint.
Cardam: Comp:	50	pint.
Cascarillæ	50	pint.
Cassiæ	50	pint.
Castorei	1 50	pint.
" Ammon:	2 00	pint.
Catechu	50	pint.
Cinchonæ	50	pint.
" Comp:	50	pint.
" Ferrat: (with Brandy)	1 50	pint.
Conii	50	pint.
Cubebæ	50	pint.
Digitalis	50	pint.
Ferri: Acet:	50	pint.
" Amar	50	pint.
" Chlorid:	50	pint.
Gent: Com:	50	pint.
Guaiaci	50	pint.
" Ammon:	75	pint.
Humuli	50	pint.
Hyoscyami	50	pint.
Iodini	1 00	pint.
" Lugol's	1 00	pint.
Jalapæ	50	pint.
Kino	50	pint.
Krameriæ	50	pint.
Lobeliæ	50	pint.
Lupulinæ	50	pint.
Matico	50	pint.
Myrrhæ	50	pint.
Nuc: Vomicæ	50	pint.
Opii	75	pint.
" Acet:	1 00	pint.
" Camph:	50	pint.
Quassiæ	50	pint.
Rhei	50	pint.
" et Aloes	50	pint.
" et Gentianæ	50	pint.
" et Sennæ	50	pint.
Sanguinariæ	50	pint.
Saponis Camph:	50	pint.
Scillæ	50	pint.
Sennæ Comp:	50	pint.
Serpentariæ	50	pint.
Tolutani	50	pt.

TINCTURA, Valerianæ	$0 50	per pt.
Valer: Ammon:	50	pint.
Verat: Vired: (8 oz. to the pint)	1 00	pint.
Zingiberis:	50	pint.
TROCHES Menth: Pip:	75	lb.
Soda Carb:	75	lb.
Wistari, in boxes	1 00	doz.
Zingiberis	75	lb.
UNGUENTUM Acid: Nitric:	50	lb.
Althææ	75	lb.
Aq: Rosæ (with Glycerine)	75	lb.
Cantharid: (for dressing Blisters)	1 00	lb.
Cucumis	1 00	lb.
Hufeland:	1 00	lb.
Hydrarg: U. S. P. (half Mercury)	1 00	lb.
" Nitrat:	50	lb.
Picis Liquidæ	50	lb.
Sabinæ	50	lb.
Simplex	50	lb.
Stramonii	50	lb.
Sulphuris	50	lb.
UREA, Cryst:	0 75	dr.
VACCINE VIRUS, fresh, and carefully selected	1 00	scab.
VERATRIA	75	dr.
VINUM Album (for medicinal preparations)	2 00	gall.
Antimonialis	50	pint.
Aromat:	1 00	pint.
Colchici Rad:	75	pint.
" " (English, from recent root)	1 50	pint.
" Sem:	75	pint.
Ferri	50	pint.
Ipecac:	75	pint.
Opii	1 50	pint.
Secale Cornut:	75	pint.
YEAST POWDERS, in Tin Boxes	2 25	doz.
ZINCI, Acetas	12	oz.
Carb: Præcip:	12	oz.
Cyanid:	75	oz.
Chlorid:	25	oz.
Iodid:	1 00	oz.
Oxid:	06	oz.
Sulphas	25	lb.
Valerianas	38	dr.

WINES FOR MEDICAL USE.

Old Sherry	1 00	bottle.
Old Madeira	1 00	bottle.
Old Port	1 00	bottle.
Fine French Brandy	1 75	bottle.

UTENSILS,

Apparatus, &c., for Physicians,

FOR SALE BY

BULLOCK & CRENSHAW,

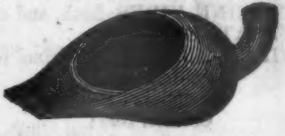
Sixth Street, two doors above Arch Street,

PHILADELPHIA.

ADHESIVE PLASTER, . . . per yard, $0 25
" " in cans of 2 yards ½ width, per can, 0 50

Fig. 1.

Fig. 2.



BED PANS, round and slant, Queensware, (Fig. 1 & 2,) each, 1 25

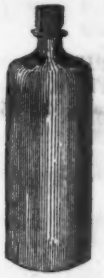
Fig. 3.

BED PANS, India rubber, inflating, (Fig. 3,) each, 2 00

Fig. 4.

BLEEDING BOWLS, White Ware, graduated, (Fig. 4,) each, 0 75

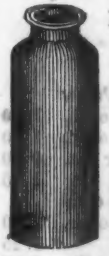
Fig. 5.



BOTTLES, Flint Glass, Narrow Mouth, with Stoppers accurately ground, (Fig. 5,)

1 gallon,	per doz.	$7 00
half gallon,	" "	4 00
quart,	" "	2 38
pint,	" "	1 75
half pint,	" "	1 37
4 oz.,	" "	1 12
2 oz.,	" "	1 00
1 oz.,	" "	0 90
half oz.,	" "	0 90

Fig. 6.



BOTTLES, Flint Glass, Wide Mouth, with Glass Stoppers, (Fig. 6,)

gallon,	per doz.	9 00
half gallon,	" "	4 50
quart,	" "	2 75
pint,	" "	2 00
half pint,	" "	1 50
4 oz.,	" "	1 25
2 oz.,	" "	1 00
1 oz.,	" "	0 90
half oz.,	" "	0 0

BOTTLES, Strong Green Glass, with Stoppers, for Acids,—

half gallon,	each,	0 25
quart,	"	0 19

BOTTLES, Assorted, in Gross Boxes, (see Vials,) at per gross, $2 25 to 2 75

BOXES, Chip, Nested, 12 Nests in a paper, (for Ointment,) per paper, 0 15

" Paper, Nested, English, (for Pills,) " " 0 20

BOUGIES, Elastic,	per doz.	1 25
" Metallic, Flexible,	each,	0 75
" Elastic, (English, very superior,)	"	0 75
" Catgut,	"	0 12
" Wax,	"	0 12
" Steel, Silver Plated,	"	2 00
" Gauges for, of Brass, Nos. 0 to 10, in paper box,		1 00

Fig. 7.

BREAST EXHAUSTERS, Elastic, in Pasteboard Box, (Fig. 7,) each, 1 00

Fig. 8.

BREAST PIPES, Glass, (Fig. 8,) each, $0 25

Fig. 9.

BREAST PUMPS, with Brass Exhausting Pump, in Pasteboard Case, (Fig. 9,)	each,	1 50
BREAST PUMPS, with White Metal Exhausting Pump,	each,	1 00
BRUSHES, Cam. Hair, for Throat, . .	per doz.	0 60
CATHETERS, Elastic, ...	" "	1 25
" Silver, (extra heavy) Male and Female combined, ...	each,	2 00
" Silver—Male, . . .	"	1 25
" " Female, . . .	"	0 75
" Flexible, Metallic—Male, . .	"	0 75
" " " Female, . .	"	0 38

Fig. 10.

CAUSTIC HOLDERS, Glass, in Morocco Case, (Fig. 10,) . . . . . each, 0 50

CORKS, Vial, (Velvet) assorted, . . per gross, $0 25
" Pint, ... " " 0 50
" Quart, ... " " 0 75

Fig. 11.

CORK PRESSES, (Fig. 11,) each 0 75

CORK DRAWERS, for removing corks from inside of bottles, ... each 0 25

Fig. 12.

Fig. 13.

Fig. 14.

CORK-SCREW, White Bone Handle, (Fig. 12,) . each 0 50
" " Wood Handle, (Fig. 13,) . . each 0 38
" " Pocket, (Fig. 14,) . . . each 0 25
COURT-PLASTER, Black and Flesh-colored, per doz. 0 25

Fig. 15.

CUPPING-GLASSES, (Fig. 15,) per doz. 1 25

CUPPING-GLASSES, with silk valves and caps, per doz. 3 50
" " fitted for stop-cocks, . " 3 50
DOMESTIC INSTRUMENTS, for Self-Injection (Maw's,)
(White metal,) . . . . . each 2 25
" " " " (Brass,) 3 00
EAR TUBES, Elastic (Horn-mounted,) . . each 1 75
" " " (Ivory-mounted,) . . " 3 00
ELECTRO-MAGNETIC MACHINES, (see at end of Catalogue.)

Fig. 16.

EYE-GLASSES, Green and White Glass, (Fig. 16,) . . . each $0 20

Fig. 17.

EVAPORATING DISHES, Fine Porcelain, (Fig. 17.)

No. 00.	Contents 1 oz.,	. . .	each	0 12
0.	" 1½ oz.,	. . .	"	0 15
1.	" 2 oz.,	. . .	"	0 20
2.	" 3 oz.,	. . .	"	0 25
3.	" 4 oz.,	. . .	"	0 30
4.	" 5 oz.,	. . .	"	0 35
5.	" 6 oz.,	. . .	"	0 45
6.	" 12 oz.,	. . .	"	0 55
7.	" pint,	. . .	"	0 70
8.	" 1½ pints,	. . .	"	0 90
9.	" 3 pints,	. . .	"	1 50
10.	" 6 pints,	. . .	"	2 25
11.	" 8 pints,	. . .	"	3 00

EVAPORATING DISHES, Berlin Porcelain, 2d quality:—

No. 00.	Contents 2 oz.,	. . .	"	0 12
0.	" 3 oz.,	. . .	"	0 15
1.	" 4 oz.,	. . .	"	0 18
2.	" 8 oz.,	. . .	"	0 25
3.	" pint,	. . .	"	0 35
4.	" 1½ pints,	. . .	"	0 50
5.	" quart,	. . .	"	0 75
6.	" 3 pints,	. . .	"	1 00
7.	" half gallon,	. . .	"	1 15
8.	" gallon,	. . .	"	1 37
9.	" 1½ gallons,	. . .	"	1 62
10.	" 2 gallons,	. . .	"	2 00

EVAPORATING DISHES, Small, in Nests, 1 oz. to 8 oz. per nest, 0 75

Fig. 18.

EVAPORATING CUPS, Porcelain, (for making cerates, &c.,) with handle, (Fig. 18.)

No. 00.	Contents 4 oz.,	. . .	each	0 20
1.	" 8 oz.,	. . .	"	0 31

No. 2. Contents 12 oz.,	"	$0 50
3. " 20 oz.,	"	0 75
4. " 32 oz.,	"	1 00
FILTERING PAPER,	per quire	0 25

Fig. 19.

FILTERING STANDS,—
Wooden, (Fig. 19,) each 0 75

Fig. 20.

FUNNEL GLASS, (Fig. 20.)

half gallon,	0 37
quart,	0 25
pint,	0 20
half pint,	0 18
4 oz.,	0 15
2 oz.,	0 12
1 oz.,	0 12

Fig. 21.

FUNNELS, Porcelain, for Filtering Hot Liquids (Fig. 21.)

No. 4. Quart,	1 25
3. Pint,	1 00
2. Half pint,	0 75
1. 6 oz.,	0 62
0. 4 oz.,	0 38

Fig. 22.

FUNNELS, Porcelain, Perforated, for draining (Fig. 22.)

No. 4. Half gallon,	1 00
3. Quart,	0 75
2. Pint,	0 62
1. Half pint,	0 50
0. 4 oz.,	0 38

Fig. 23.

FUNNELS, Porcelain, with large holes for rapid Filtration (Fig. 23.)

No. 3.	Half gallon,	$1 00
2.	Quart,	0 75
1.	Pint,	0 50
0.	8 oz.,	0 38

Fig. 24.

FUNNELS, GLASS, with Stop Cock for separating fluids of different densities (Fig. 24.)

½ gallon,	3 00
quart,	2 50
pint,	2 00
½ pint,	1 75

Fig. 25.

FUNNELS, QUEENSWARE, with Perforated Diaphragms for preparing Tinctures and Infusions by displacement, (Fig. 25.)

½ gallon,	each,	1 50
quart,	"	1 25
pint,	"	1 00

GALLIPOTS, 1 to 4 oz., four in a nest, per nest, 0 08

GOLD BEATERS' SKIN, per doz. 0 75

Fig. 26.

GRADUATED GLASS, (Fig. 26,) for measuring Tea and Table Spoons; in morocco case, each, 0 62

Fig. 27. Fig. 28.

GRADUATED MEASURES, (of Glass,) accurate (Fig. 27,)

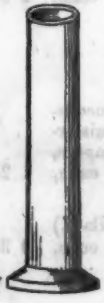
16 oz.,	. .	each,	$1 25
12 oz.,	. .	"	1 00
8 oz.,	. .	"	0 88
6 oz.,	. .	"	0 75
4 oz.,	. .	"	0 62
3 oz.,	. .	"	0 56
2 oz.,	. .	"	0 50
1 oz.,	. .	"	0 37
Minim, (Fig. 28,)	.	each,	0 37
HAIR GLOVES, .	. .	pair,	1 00
HAIR BELTS, .	. .	each,	1 00
HEIFERS' TEATS, .	. .	doz.	1 25
HORN SCOOPS, .	. .	"	1 50

Fig. 29.

HYDROMETERS, with Specific Gravity marked on the stem, in addition to Baumé's Scale, (Fig. 29.) These Instruments are carefully made, and are reliable. A table of correspondence between Baumé's Scale and Specific Gravity accompanies each instrument.

For Light Liquids,	10° to 70°	each,	1 50
For Spirits,	10° to 47°	"	1 00
For Ether,	40° to 65°	"	1 00
For Heavy Liquids,	0° to 28°	"	1 00
For " "	25° to 50°	"	1 00
For " "	0° to 70°	"	1 50

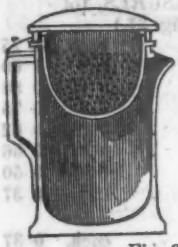
Fig. 30.



HYDROMETER JARS, Glass, for floating Hydrometers, (Fig. 30,)

8 in. by 1 in.,	each,	0 38
10 in. by 1½ in.,	"	0 50
12 in. by 1 in.,	"	0 62

Fig. 31.



31.

INFUSION MUGS, (of White Ware,) for making Infusions, and preparing Tinctures, by circulatory displacement, (Fig. 31,)

pint,	each,	$1 00
quart,	"	1 50
half gallon,	"	2 00

Fig. 32.

Fig. 33.

INJECTING SYRINGE, Elastic, (Fig. 32,)

Female, with Ivory Pipe, each, 1 25

Male, with Metal Pipe, (Fig. 33,) each, 1 00

Fig. 34.

ELASTIC SYRINGE, for Ear, (Ivory Pipe,) (Fig. 34,) . . . . each, 0 62

Fig. 35.

ELASTIC SYRINGE, for Penis, (Ivory Pipe, (Fig. 35,) . . each, 0 36

Fig. 36.

Fig. 37.

INHALERS, (Queensware,) for administering Medicated Vapors, (Fig. 36,) . each, 1 25

INHALERS (Glass,) (Fig. 37,) . each, 0 38

ISINGLASS PLASTER, (Husband's) . . per yard, $0 75
ISSUE PEAS, ... per hundred, 0 38
JARS, QUEENSWARE, Covered, English,
quart, ... each, 0 31
pint, ... " 0 18
half-pint, ... doz. 1 25
4 oz., ... " 1 00
2 oz., ... " 0 88
1 oz., ... " 0 75
LABELS, Latin, for shop furniture, printed on yellow paper, three sizes in the book, a complete assortment, per book, 1 50
" Latin, for shop furniture, gilt, printed on steel blue paper, containing over 1600 Labels, five sizes arranged for drawers, and four sizes of bottles, per book, 10 00
" Latin, for specimens in Materia Medica, " " 0 50
" Latin, for Pharmaceutical Preparations, " " 0 50

Fig. 38.

LACTOMETERS, for testing the purity of Milk, (Fig. 38,) . . each, 1 00

Fig. 39.

Fig. 40.

Fig. 41.

LAMPS, SPIRIT, Glass, with Cap, (Fig. 39,) 6 oz., . 0 50
" " " " 2 oz., . 0 37
LAMPS, SPIRIT, Brass, with Screw to adjust wick, (Fig. 40,) 3 50
" " Mitchell's, Tin, (Fig. 41,) . 0 75

Fig. 42.

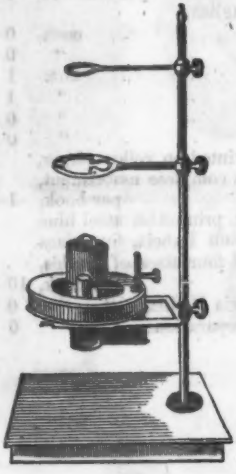
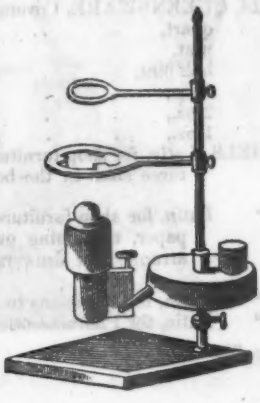


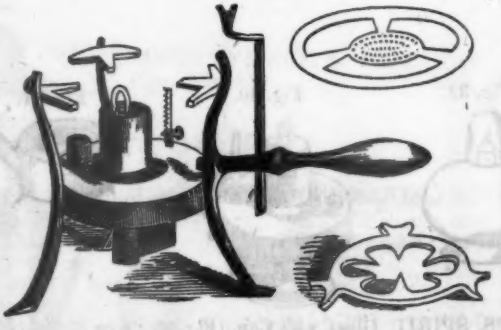
Fig. 43.



LAMPS, SPIRIT, Berzelius' pattern, brass, on mahogany base, (Fig. 42,) . . . $5 50

" Rose's pattern, brass on mahogany base, (Fig. 43,) 5 50

Fig. 44.



LAMPS, SPIRIT, Luhme's Pharmaceutical, Brass, (Fig. 44,) 6 00

Fig. 45.

LAMPS, PHARMACEUTICAL, Brass, for Spirit, of cheaper form, (Fig. 45,) $4 50

Fig. 46.

LEIBIG'S CONDENSING APPARATUS, Brass, (Fig. 46,) 6 00
" " " Japanned Tin, 4 50
LINT, best Linen, ... per pound 1 25
LITMUS PAPER, ... per sheet, 0 06
MAGNETO-ELECTRIC MACHINE, (see at end of Catalogue.)
MEDICINE CHESTS, for Families or Physicians, furnished to order.
MORTARS, GLASS, fine white glass, 4 oz., . each 0 50

Fig. 47.

MARSHE'S ARSENIC APPARATUS, (Fig. 47,) $2 50

Fig. 48.

MORTARS, IRON, turned smooth on the inside, (Fig. 48,)

4 inches across top,				each,	0 62
5	"	"	"	"	0 88
6	"	"	"	"	1 25
7	"	"	"	"	1 75
9	"	"	"	"	3 00

Fig. 49.

MORTARS, WEDGWOOD, (Fig. 49,)

No. 000, 2 oz.,	.	.	0 37
00, 3 oz.,	.	.	0 40
0, 4 oz.,	.	.	0 50
1, 6 oz.,	.	.	0 56
2, 8 oz.,	.	.	0 75
3, 12 oz.,	.	.	0 88
4, pint,	.	.	1 12
6, quart,	.	.	1 50
8, half-gall.,	.	.	2 25

Fig. 50.

NIPPLE GLASSES, (Fig. 50), . . doz. 1 00

Fig. 51.

NIPPLE SHIELDS, wood, with gum tip, (Fig. 51), . . . each, 0 25

Fig. 52.

NIPPLE SHIELDS, METALLIC, (Fig. 52), ... each, 0 20

Fig. 53.

NIPPLES of GUM, (Fig. 53,) doz. $1 00
These Nipples, when stretched over the mouth of a bottle, make an excellent nursing-bottle.

Fig. 54.

Fig. 55.

NURSING BOTTLES, glass, with Britannia tubes, bent and straight, (Figs. 54, 55,) . . . . each 0 37

Fig. 56.

Fig. 57.

NURSING BOTTLES, Globular form, with tube and gum tip, (Figs. 56,) . . each 0 37

NURSING BOTTLES, glass, oval, flat, (Fig. 57,) . each 0 20

Fig. 58.

NURSING CUPS, white ware, (half covered,) (Fig. 58,) . . each 0 25

OILED SILK, best quality, . . per yard 1 00

PALETTE KNIVES, see Spatulas.

PAPER, WRAPPING, Large white, . per quire $0 20
" " Blue, . . " 0 20

Fig. 59. Fig. 60. Fig. 61. Fig. 62.

Fig. 63.

PESSARIES, Glass Disk, (Fig. 59 and 60,) single and double concave, . per doz. 2 50
" " Globular, (Fig. 61,) " 2 50
" WATCH-SPRING, coated with Gutta Percha, from 2 to 4 inches diameter, varying $\frac{1}{2}$ inch. with each size, (Vide Meigs on Diseases of the Uterus, pages 94 and 97, (Fig. 62,) each, 1 00
" INFLATING, (Fig. 63,) . . " 75
" Hodge's Horse-shoe pattern, (Silver,) " 5 00
" " " " (White Metal,) " 1 00
" Blundel's Stem Pessary, (Silver-gilt,) (described by Prof. Meigs,) with bandage, each, 15 00
PLASTER IRON, ... " 1 00
PLASTERS—Spread: Hemlock, Burgundy Pitch, Warming, and Strengthening,
No. 1. 4 by 6, . . . per doz. 1 00
2. 5 by 8, . . . " 1 50
3. 6 by 10, . . . " 2 00

Fig. 64.

PILL MACHINES, Brass, for 12 pills, (Fig. 64,) each, 3 50
" " 24 " . . " 5 50

PILL MACHINES, Wooden, for 12 pills, . . each $1 25
" " 24 " . . " 2 00

Fig. 65.

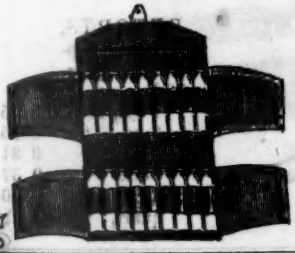
Fig. 66.

TILES, for Pills, Graduated, (Fig. 65,)
12 inches square, . . . each, 1 50
8 " " . . . " 0 75
5 " " . . . " 0 50
" Plain, for Ointments, (Fig. 66,) 8 inches square, " 0 50

Fig. 67.

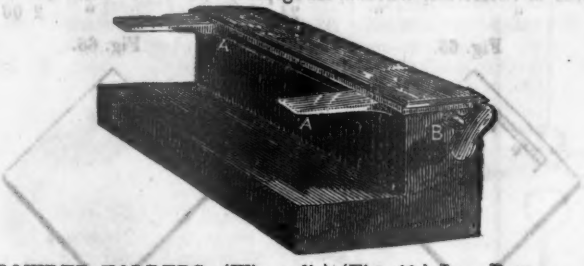
PIPETTES, or Dropping Tubes, (Fig. 67,) each, 0 25

Fig. 68.



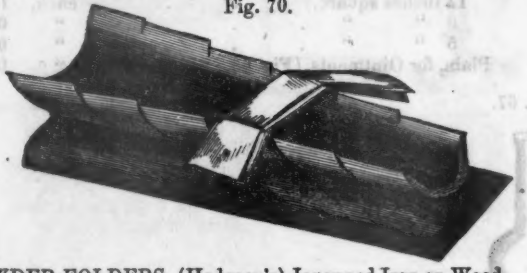
POCKET MEDICINE CASES, (Fig. 68,) containing 18, 2 dr. vials, each, 1 50
24 dr. vials, " 2 00
6, ½ oz. and 11, 2 dr. vials, " 2 00

Fig. 69.



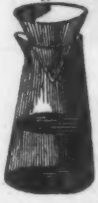
POWDER FOLDERS, (Wiegand's) (Fig. 69,) Iron Base, with Brass Top. The blades A A, are moveable by means of the screw B, ... each, $2 00

Fig. 70.



POWDER FOLDERS, (Hodgson's) Japanned Iron on Wood base, (Fig. 70,) . . . . each, 1 00
PROBANGS, bent and straight, . . . " 0 25

Fig. 71.



PRECIPITATING JARS, Glass, with Lip, (Fig. 71,)

half gallon,	0 62
quart,	0 37
pint,	0 31
half pint,	0 25

Fig. 72.

RETORTS, GLASS, stoppered, (Fig. 72,)

1 oz., each,	0 25
2 oz., "	0 25
4 oz., "	0 31
8 oz., "	0 37
16 oz., "	0 50
quart, "	0 62

Fig. 73.

RETORT STANDS, Light, Iron, on Triangular Base, with 3 rings, having a motion to and from the upright support, (Fig. 73,) . . . . each, $1 25

Fig. 74.

RETORT STANDS, for supporting Retorts, Funnels, Evaporating Dishes, &c., Iron, with 3 rings, (Fig. 74,) each, 1 50

SADDLE-BAGS, for Physicians:—

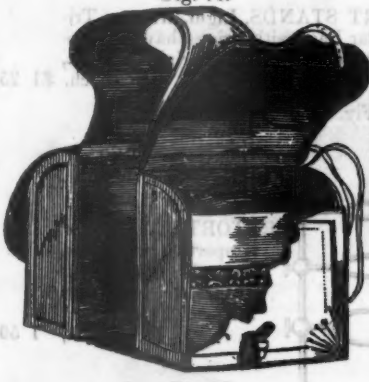
The Bags here described are made of fine white Leather. The sides worn next to the horse are without seam. A flap of Patent Leather covers the tops of the Bags, and protects them from the weather. The edges of the flaps are neatly trimmed with red. The Bottles contained in all of them, are glass-stoppered.

Fig. 75.

The bottles in this Bag are contained in drawers, which slide in at the ends of the bag, and are fastened by a strap passing through an eye in the drawer—the eyes serve as handles, by which the drawers are drawn out. The drawers containing the medicines, can be removed without taking the bags from the horse. A space above the drawers serves for carrying Instruments, Packages, &c., (Fig. 75,)

Bags containing 24 vials, ... 11 00
" " 20 " 10 00
" " 16 " 9 00

Fig. 76.



The bottles are at the bottom of the bag —(as shown in the section)—a tray is placed above the bottles for carrying Instruments, &c. The tray must be removed to gain access to the bottles, (Fig 76.)

Bags containing 24 vials, $11 00
Bags containing 20 vials, 10 00
Bags containing 16 vials, 9 00

Fig. 77.

Flat Bags—(as shown in the figure) —a row of small bottles above the larger ones, are intended for Powders. The inside flap has a pocket in it for Instruments, &c., (Fig. 77.)

Bags containing 32 vials, 12 00
Bags containing 28 vials, 11 00

The above Bags, made entirely of Patent Leather; will be furnished at $3 additional. A sheet of Labels will be furnished with the Bags.

SCARIFICATORS. (See under head of Surgical Instruments.)
SIEVES, Bolting Cloth, for very fine powders, 7 inch, each, 0 37
SPATULAS, Steel, English,—
8 inch blade, ... each, 0 50
7 inch " . . . . " 0 38
6 inch " . . . . " 0 31
5 inch " . . . . " 0 25
4 inch " . . . . " 0 19
3 inch " . . . . " 0 15
SPATULAS, Porcelain, for Acid Ointments,—
4 inch, ... each, 0 25
6 inch, ... " 0 31
9 inch, ... " 0 50

Fig. 78.

SCALES AND WEIGHTS, English, weighing from ¼ grain to ½ oz., (Fig. 78,) . each, $1 25

Fig. 79.

SPECIE JARS, Glass, with Covers, (Fig. 79,)

1 gallon,	per doz.	5 00
half gallon,	" "	3 00
quart,	" "	2 00
pint,	" "	1 75
half pint,	" "	1 00

Fig. 80.

SPECIFIC GRAVITY BOTTLES, holding 1000 grains of Distilled Water, with Perforated Stopper and Counterpoise Weight for the empty bottle, (Fig. 80,) 3 50

SPEC. GRAV. BOTTLES, holding 100 grains Distilled Water, as above, . . . 2 50

Fig. 81.

SPEC. GRAV. BOTTLES, holding 1000 grains Distilled Water, without Stopper, mark on neck, and Counterpoise Weight, in Tin Case, (Fig. 81,) . . . 1 50

SHEEPSKINS, for Pasters, . . . each, 0 50
SPONGE, for Surgical use . . . per oz. 0 25
" fine Turkey, for Bathing, . . " " 0 20
" coarse, ... "lb. 1 00

Fig. 82.

SPERMATORRHŒAL RINGS, (Fig. 82,) each, $0 75

Fig. 83.

SPECULUMS, UTERINE, Glass, (Fig. 83,) . . each, 0 50

Fig. 84.

SPECULUMS UTERINE, Glass, covered with Silver, and re-coated with Impervious Black Varnish, (Fig. 84,) each, 1 00

Coated as above, and with aperture in side, . " 1 00

Fig. 85.

Fig. 86.

Fig. 87.

SPECULUMS FOR UTERUS,

German Silver, Bivalve, (Fig. 85,) . . each, 4 00
" " " Handles detaching . " 4 50
" " Trivalve, (Fig. 86,) . . " 5 00
" " " Quartovalve, (Fig. 87,) . " 9 00

Fig. 88.

SPECULUMS, German Silver, Bivalve, for Anus, (Fig. 88,) $4 00

Fig. 89.

SPECULUMS, Ear, Wilde's, (Fig. 89,) . . . each, 0 75

SPECULUMS, German Silver, for Ear, Bivalve, . each 2 50
" Ear, Conical, 3 in a set, (Silver,) " 3 00
" " 3 in a set, (German Silver,) " 1 75

Fig. 90.

Fig. 91.

SPITTING CUPS, of Queensware, with movable tops, (Fig. 90,) . . each, 0 25

SPITTING CUPS, with Spout, Queensware, Top movable, (Fig. 91,) . . . . . each, 0 25
STETHOSCOPES, Cedar, plain, ... " 0 50
" " Ivory mounted, . . " 0 75
" Ebony, plain, . . . " 0 62
" " Ivory mounted, . . " 0 88
" Ivory mounted, with Pleximeter, " 1 50
STOMACH TUBES, best quality, . . " 1 00
SUSPENSORY BANDAGES, Cotton, . . " 0 25
" " " Movable Pouch, " 0 31
" " Silk, . . " 0 50

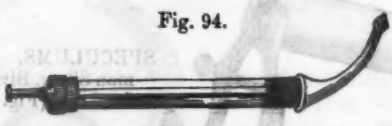
Fig. 92.

Fig. 93.

SYRINGES, Glass, Male and Female, (Figs. 92 and 93,)
" Metal-capped, small, . per doz. 1 25

SYRINGES, Metal-capped, medium, . . per doz. $1 50
" " " large, . . " " 2 50

Fig. 94.



SYRINGES, Glass, Curved, for Uterus, (Fig. 94,) per doz. 4 00
" " " for Ear, . . " " 3 00
" Elastic, (see under head of Injecting Bags.)

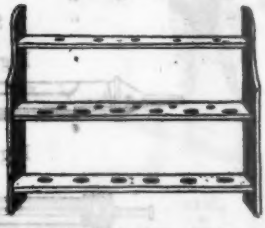
Fig. 95.

TEST TUBES, ON FOOT,
Large, (Fig. 95,) . . . per doz. 0 75
Medium, ... " 0 62
Small, ... " 0 50
Assorted, ... " 0 62
For Arsenic, Berzelius', Clark's, Liebig's and Rose's, . . . per doz. 1 00

Fig. 96.

TEST TUBES, Glass, (Fig. 96.)
6 inches long, per doz. 0 60
5 " " 0 50
4 " " 0 37
3 " " 0 31

Fig. 97.



TEST TUBE RACK, White Wood, for 13 tubes, (Fig. 97,) . . 0 75

TEST PAPERS, Red and Blue, Litmus and Turmeric, per sheet, $0 06
" " for Acids and Alkalies, . " 0 06

Fig. 98.

TEST GLASSES, (Fig. 98,) . . per doz. 1 00

Fig. 99.

THERMOMETERS, Small, on Ivory Scale, with Bulb projecting below the Scale, graduated from 50° to 140° F. (Fig. 99,) each, 1 50
Chemical (various kinds,) each, 2 00 to 6 00

Fig. 100.

THERMOMETERS, in Japanned Tin Frames, (Fig. 100,)
7 inch, . . . each, 0 62
8 inch, . . . " 0 75
10 inch, . . . " 0 88
12 inch, . . . " 1 00

Fig. 101.

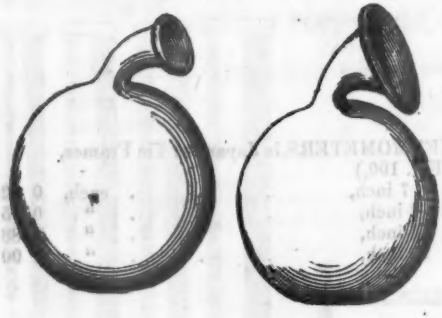
TONGUE DEPRESSERS, Pearl, each, 0 75
" Steel, heavily plated with Silver, . each, 1 25
" Steel, (Fig. 101,) " 0 75

TWINE, LINEN, Fine, . . . per ball, 0 20
" " Coarse, . . . " 0 37

Fig. 102.

TWINE REEL, polished Brass, with Marble base and knife at top, (Fig. 102,) . each, $3 50

Fig. 103.



URINALS, Glass, male and female, (Fig. 103,) each, 0 38

Fig. 104.

URINALS, Female, Slipper Pattern, (Fig. 104,) each, 1 25

Fig. 105.

URINOMETERS, (Bird's,) for ascertaining the Specific Gravity of Urine; Glass; containing a delicate Ivory Scale, very accurate, (London make) with directions, (Fig. 105,) . . each, $2 00

Fig. 106.

URINOMETER CASES, containing Urinometer and Graduated Glass for floating it, a delicate Thermometer, and Test Papers, complete, (Fig. 106,) each, 5 00

WATCH GLASSES, for Use as small Evaporating Dishes, per doz. 0 75

VIALS, assorted, octagonal, from ½ oz. to 8 oz., in gross boxes, . . . per gross, 2 75

" " plain, long, from ½ oz. to 8 oz., in gross boxes, . . . per gross, 2 25

SURGICAL INSTRUMENTS, ETC.

AMPUTATING,

(WITH EBONY HANDLES.)

1 CAPITAL SAW,
1 METACARPAL SAW,
2 CAPITAL KNIVES,
1 CATLINE KNIFE,
1 PAIR ARTERY FORCEPS, with Slider,
1 SCALPEL, Steel Handle,
1 PAIR BONE NIPPERS,
1 TOURNIQUET,
12 CURVED NEEDLES,
1 TENACULUM,

each, $17 00

In a neat Mahogany Case, Brass mounted, with Lock and Key.

AMPUTATING INSTRUMENTS, with handsomely carved Ivory Handles and Silver Ferrules, as above, $25 00

TREPANNING,

(WITH EBONY HANDLES.)

2 TREPHINES,
1 ELEVATOR,
1 HEY'S SAW,
1 SCALPEL, with Raspiter,
1 BRUSH,
} each, 10 00

In a neat Mahogany Case, Brass mounted, with Lock and Key.

TREPANNING INSTRUMENTS, with Ivory Handles, as above, ... 12 00
AMPUTATING and TREPANNING, in one case, with Ebony Handles, as above, 26 00
" " " Ivory " " 36 00

MIDWIFERY.

1 PAIR FORCEPS,
1 VECTIS,
1 CROTCHET,
1 PERFORATING SCISSORS,
1 BLUNT HOOK,
} each, 10 00

In a neat Leather Case.

DISSECTING.

5 SCALPELS,
1 SINGLE HOOK,
1 DOUBLE HOOK, with a Joint,
1 PAIR FORCEPS,
1 SILVER BLOW PIPE,
1 PAIR SCISSORS,
2 CURVED NEEDLES,
} each, 3 50

In a neat Mahogany or Morocco Case.

DISSECTING CASE, French Pattern, . . each, 4 00
" " with Silver Ferrules, best finish, " 5 50

EYE INSTRUMENTS.

3 KNIVES,
1 IRIS KNIFE,
2 NEEDLES, Curved and Straight,
1 CURETTE AND HOOK,
1 SILVER SPECULUM,
1 PAIR FORCEPS,
1 PAIR CURVED SCISSORS,
} each, 9 00

In a neat Case.

CASE OF EXTRACTING INSTRUMENTS,

(WITH IVORY HANDLES.)

1 FOX'S SPRING BOLT KEY,
2 PAIR TEETH FORCEPS, Curved and Straight, Double Joints,
1 TOOTH PUNCH,
1 GUM LANCET,
each, $4 50

In a neat Leather Case.

With Ebony Handles, ... 3 75

EXTRACTING INSTRUMENTS,

(EXTRA FINE, WITH IVORY HANDLES.)

1 FOX'S SPRING BOLT KEY,
2 PAIR TOOTH FORCEPS, Curved and Straight, Octagon Joints, extra heavy,
1 TOOTH PUNCH,
1 GUM LANCET,
each, 8 00

In a fine Leather Case, Velvet lined.

HYDROCELE INSTRUMENTS.

1 TROCAR AND CANULA,
1 GUM ELASTIC BAG, with Stop-cock,
each, 3 50

In a neat Mahogany or Morocco Case.

POCKET INSTRUMENTS, No. 1.

1 PAIR CROOKED SCISSORS,
1 PAIR STRAIGHT "
1 PAIR DRESSING FORCEPS,
1 PAIR DISSECTING "
1 DIRECTOR,
1 SPATULA,
2 SILVER PROBES,
1 TONSIL FORCEPS,
1 CURVED Probe-pointed BISTOURY,
1 Large SCALPEL,
1 GUM LANCET,
1 ABSCESS LANCET,
1 TENACULUM,
1 Small SCALPEL,
1 STRAIGHT SPEAR BISTOURY,
1 SILVER FEMALE CATHETER,
1 PHYSICK'S FORCEPS AND NEEDLE,
1 THUMB LANCET,
6 CURVED NEEDLES,
each, 8 00

POCKET INSTRUMENTS, No. 2.

Similar to No. 1, with the addition of a COMBINED SILVER, MALE and FEMALE CATHETER, extra heavy, each, $10 00

In a superior Morocco Case, Velvet lined.

POCKET INSTRUMENTS, No. 3.

Containing in addition to the Instruments in No. 2:
1 ANEURISM NEEDLE,
1 SILVER MOUNTED PORTE CAUSTIC,
1 PAIR ARTERY FORCEPS, (in place of Dissecting Forceps,)
The Instruments are provided with Springs which secure the blades when open, and all the handles are lined in the most substantial manner with German Silver, . each, 16 00

In fine French Morocco Case, Velvet lined.

POCKET INSTRUMENTS, No. 4.

Contains same Instruments as No. 3, but has two blades in each handle, thus rendering the case more compact, each, 16 00

PHLEBOTOMY.

SILVER SPRING LANCET, Button Trigger,	each,	3 00
" " Lever, . .	"	2 50
LANCET PHLEMES, ...	"	0 12
IMITATION SILVER SPRING LANCETS, .	"	1 50
" " " Button Trigger,	"	2 00
BRASS SPRING LANCET, Lever, . .	"	0 75
" HORSE " " . . .	"	1 50
THUMB LANCETS, ...	"	0 38
" " French, (Charriere's,) .	"	0 75
" " English Crown, (Evan's,) .	"	0 75
SCALPELS, (Charriere's) with lock handles, .	"	1 00

CUPPING INSTRUMENTS.

1 BRASS PUMP, or EXHAUSTER,
5 CUPPING GLASSES, } each, 3 50

In a neat Mahogany Case.

With German SCARIFICATOR, . . .	each,	5 50
With American "	"	7 00
CUPPING INSTRUMENTS, as above, with stopcocks to glasses, ...	each,	4 50
" with German SCARIFICATOR,	"	6 50

MISCELLANEOUS.

Fig. 107.

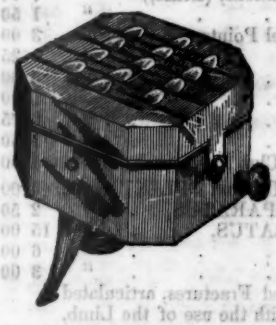


Fig. 108.

SCARIFICATORS, American, (Fig. 107,)	. .	each,	$3 00
" " Reverse Blade, (Fig. 108,)		"	3 50
" German Silver,	. .	"	4 00
" German, Brass,	. .	"	2 00
OBSTETRICAL FORCEPS, (Hodge's,)	. .	"	5 00
" " (Huston's,)	. .	"	5 00
" " (Bethel's)	. .	"	6 00
" " (Davies')	. .	"	5 00
BRASS CUPPING AND STOMACH PUMP, with Injecting Apparatus and 6 Glasses combined, Mahogany Case,		each,	10 00
BRASS STOMACH PUMP, and Injecting Apparatus combined, in a Mahogany Case,	. .	each,	7 00
BRASS ANATOMICAL SYRINGE, 36 oz., with 7 pipes,		"	16 00
" " " 12 oz., with 3 pipes,		"	12 00
" " " 6 oz., "		"	8 00
" " " 1 oz., "		"	2 50
PROBANGS, Bent and Straight,	. . .	"	0 25
ANNELL'S SYRINGE for Eye, (Silver,) with Straight and Bent Gold Tube, in neat Morocco Case,	.	each,	8 00
TONSIL INSTRUMENTS, (Fahnestock's,)	.	"	5 50
" " (Liston's,)	. .	"	5 00
" " (Physick's,) with Needle,		"	5 50
METALLIC SOUNDERS, (Mayo's,)	. .	"	0 75
TROCAR and CANULA,	. . .	"	1 50
BELLOQ'S CANULA, for Plugging the Posterior Nares,		each,	2 50
TOOTH FORCEPS, extra heavy, octagon joint, finest finish,		each,	1 50
TOURNIQUETS,	. . . .	"	1 25
BULLET FORCEPS,	. . .	"	1 50
GUM LANCETS, pocket, Shell handle,	. .	"	0 38
CURVED TROCAR, for Bladder,	. .	"	3 50

TRACHEOTOMY TUBES, (Silver,) single,	each,	$1 50
" " " double,	"	3 50
ÆSOPHAGUS FORCEPS, (Bond's)	"	2 00
COMPOUND PULLEY, for Dislocations, (Brass,)	"	7 00
TONSIL SCISSORS,	"	1 50
HARE LIP PINS, Silver, with Steel Points,	per doz.	3 00
SIMPSON'S UTERINE SOUND,	each,	1 25
LACHRYMAL PINS, (Silver,)	per doz.	3 00
MALE SOUNDERS, (Steel,)	each,	1 00
FEMALE " "	"	0 75
MALE STAFF, (Steel,) grooved,	"	1 50
APPARATUS for the treatment of Club Feet,	each,	6 00 to 8 00
DR. MÜTTER'S REDUCING SHOE and SPLINT,	each,	6 00
" EVERTING APPARATUS,	"	2 50
SCARPA'S CLUB FOOT APPARATUS,	"	15 00
WALKING SPLINTS,	"	6 00
WEAK ANKLE SPLINTS,	"	3 00
SPLINTS for treatment of Ununited Fractures, articulated so as not to interfere with the use of the Limb,	from $10 00 to	50 00
" for dislocation of the Hip Joint, supporting the weight of the body without pressure upon the femur,	from $15 00 to	40 00
ARTIFICIAL LIMBS,	$30 00 to	60 00
APPARATUS for treatment of Bow Legs,	per pair,	10 00
" " of Knock-Knees,	" "	10 00
" " of Curvature of Spine,		10 00
" " of Chicken Breast, or undue prominence of Sternum,		7 50

Full measurements must be given for the above articles, which will be furnished to order, upon application.

They will be made by experienced workmen, and have been used with remarkable success.

CRUTCHES,	$1 50 per pair, and upwards.
STROMEYER'S SPLINT, with Screw, for contraction of Arm or Leg,	from $10 00 to 12 00

SYRINGES.

METALLIC SYRINGES, BEST QUALITY.

24 oz. SELF-INJECTING, in Cases,	each,	$2 25
16 oz. " "	"	1 50
10 oz. " "	"	1 25
24 oz. " no Cases,	"	1 75
16 oz. " "	"	1 25

10 oz. SELF-INJECTING, no Cases,	each,	$0 75
6 oz. " "	"	0 56
4 oz. " "	"	0 38
2 oz. " "	"	0 31
1 oz. " "	"	0 15

METALLIC SYRINGES, MEDIUM QUALITY.

24 oz. SELF-INJECTING, in Cases,	each,	$1 75
16 oz. " "	"	1 25
12 oz. " "	"	1 00
24 oz. " no Cases,	"	1 25
16 oz. " "	"	1 00
12 oz. " "	"	0 62
6 oz. " "	"	0 38
4 oz. " "	"	0 31
2 oz. " "	"	0 25
1 oz. " "	"	0 12

WOMB SYRINGES, BEST QUALITY.

6 oz. Ring Handles, in Cases,	each,	$1 00
6 oz. Wood " "	"	1 00
4 oz. Ring " "	"	0 90
4 oz. Wood " "	"	0 90
2 oz. Ring " "	"	0 75
2 oz. Wood " "	"	0 75

Fig. 109.

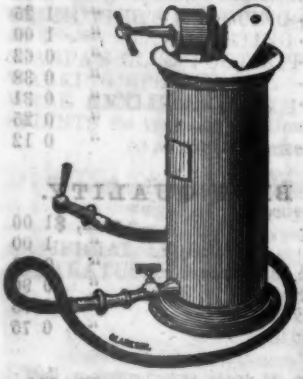
Fig. 110.

SYRINGE, Chase's Vagina, with Shield in Box, (Fig. 109,)	$1 12
" " Maw's Self-Injecting White Metal, in Morocco Case, (Fig. 110,)	2 25
" " " Brass, in Morocco Case,	3 00
" " Female, (Vaginal,) each,	0 15
" " Male, "	0 10
" " Ear, with Ivory Pipe, "	0 31

Fig. 111.

SYRINGE, Arnott's Elastic Self, in Morocco Case, (Fig. 111,) . . $2 25

Fig. 112.



SYRINGES, French, Self-Acting. The liquid is introduced at once into the Syringe, dispensing with any other vessel. The force is derived from a strong spring in the box at the top, acting directly on the plunger. The quantity, and direction of the current is regulated by the stop-cock and flexible tube at the bottom. This Syringe is not liable to get out of order, (Fig. 112.)

No. 1. Contents 12 oz., each, 4 50
2. " 20 oz., " 5 00
3. " 30 oz., " 6 00

MANIKINS.

OBSTETRICAL MANIKINS, with Fœtus, French, in Case, 30 00

ANATOMICAL PREPARATIONS.

SKELETONS,

Best Paris workmanship, in neat Boxes, with Lock and Key.

SKELETONS, Articulated and Bleached, . . each, $40 00
" Articulated, not Bleached, . . " 30 00
" Disarticulated, . . . " 13 00

HEADS—Sawn and furnished with movable Articulations. The sections exhibiting the Nasal, Frontal, and Sphenoidal Sinuses, and the Antrum Maxillare. Also, the Internal Ear, with apparatus, bones, muscles, memb: tympani, nerves, and vessels. A complete and beautiful preparation, ... each, $18 00

HEADS—Disarticulated. The bones separated, and contained in the compartments of a pasteboard box, . . each, 10 00

HANDS and FEET Articulated on Catgut. The bones can be separated on the strings, so as to admit of the inspection of each. By drawing the string they are all brought into position, ... each, 2 50

FEMALE PELVIS, with Ligaments, . . " 10 00

FŒTAL HEADS, ... " 2 00

ANATOMICAL PREPARATIONS

OF ALL KINDS, IMPORTED TO ORDER.

We subjoin a list of a few, with the cash prices for importing to order. When the order amounts to one hundred dollars or more, it will be imported immediately, otherwise it will be retained on hand until we are getting other goods from Paris, which will probably be several times a year.

HEADS, entire, Articulated, ... $5 00

" " Disarticulated, ... 6 00

" " " and remounted with the bones separated by short intervals (style Beauchene,) . . 50 00

HEADS, Sawn, with horizontal and vertical Sections, .

Preparation of the INTERNAL EAR, . . . 5 00

" " MIDDLE EAR, . . . 3 00

14 TEMPORAL BONES, demonstrating the History of the Ear, ... 55 00

FEMALE PELVIS, with Ligaments, . $8 00 to 10 00

FŒTAL HEADS, ... 2 00

HANDS or FEET, Articulated, . . $1 50 to 2 00

" " (style Beauchene,) . . 6 00

FŒTAL SKELETONS, ... 7 00

Series of nine FŒTAL SKELETONS, . . . 50 00

HISTORY OF DENTITION, from the fœtal conditions to old age, exemplified by 22 Preparations under Glass, 150 00

JAW in Childhood, from 1st to 2d Dentition, $6 00 to 8 00

TEETH, Natural, a Complete Set, Wired, . $6 00 to 8 00

PHRENOLOGICAL HEADS, (Natural,) Traced, $7 00 to 8 00

HEADS OF CHILDREN, during 1st and 2d Dentition, 8 00

SAWN HEADS, upon Supports, under glass, . 10 00

FŒTUS, Disarticulated, within a Frame, . . 10 00

MANIKINS, for the Study of the Mechanism of Labor, $30 00 to 50 00

HEADS, with Nerves, Arteries, and Veins, . 60 00

HALF FACE, Vertical Section, with 5th pair of Nerves, $10 00
" " Arteries, Internal Maxillary, . 10 00
EAR, with its Dependencies, Nerves, and Vessels, . 10 00
HEAD, with Preparations of the Dura Mater, . 10 00

AN ASSORTMENT OF THE SKELETONS OF ANIMALS.

HEADS OF ANIMALS, Disarticulated and Mounted, in the style of Beauchene, &c., &c.

AZOUX'S CELEBRATED MODELS, in Papier Maché, imported to order. His list, with terms of importation, furnished on application.

ELECTRO-MAGNETIC APPARATUS.

Fig. 113.

Fig. 113 represents an Electro-Magnetic Machine, or Acid Battery. A galvanic current, derived from a Grove's Battery, is made to circulate through a long coil of insulated copper wire. The shocks are derived from an induced current, as in the Magneto-Electric Machine. Small iron needles are introduced into the hollow coil of copper wire to increase the intensity of the shocks.

This is the best and most powerful *Acid Battery* in use.

A neat mahogany box, 8 inches long, 6½ inches wide, and 4½ inches high, (with lock and key) contains all the apparatus.

PRICE, $10 00

MAGNETO-ELECTRIC MACHINES

FOR THE APPLICATION OF ELECTRICITY FOR MEDICAL PURPOSES.

Fig. 114.

ELECTRICITY has met with so much favor as a remedial agent in the hands of the Physician, that numerous arrangements have been devised, designed to place in the hands of the Medical Practitioner a machine, combining convenience in use with power sufficient to answer all the purposes for which the Electrical Current is used.

The Fig. 114, represents a Magneto-Electric machine which combines all the desired advantages. The troublesome use of acids is dispensed with. The current is derived from an armature covered with helices of fine insulated copper wire, revolving rapidly in proximity to the poles of a strong magnet.

This Battery has been successfully used in a number of cases of Suspended Animation arising from narcotic poisons. In Paralysis, Neuralgia, Rheumatism and Nervous Disorders, it has been eminently serviceable.

As no Acids are required, the Battery is at any moment ready for service. It is put in motion simply by turning the crank shown in the figure.

A neat mahogany box, (with lock and key) 9½ inches long, by 4½ inches in width and height, contains the apparatus. PRICE, $10 00.

HODGSON'S

CHEMICALLY PREPARED EFFERVESCENT

SARATOGA SALT;

For producing, by solution in water, an accurate imitation of the Mineral Water of the

CONGRESS SPRING AT SARATOGA.

The principles on which this preparation is made, have been submitted to Professors Hare and Booth, of Philadelphia, and by them certified as reliable: they have since likewise received the approval of Professor Rogers, Dr. Hare's successor in the chair of Chemistry in the University of Pennsylvania; and the salt has been used already by eminent physicians in Philadelphia, with entire satisfaction. It contains EVERY INGREDIENT of the NATURAL WATER of the CONGRESS SPRING, according to a most elaborate analysis by an eminent chemist, and in the due proportions to form an imitation identical in its properties.

EACH BOTTLE contains sufficient of the salt to make TWO GALLONS of the water, and costs the consumer less than one-third the price of the bottled water; at the same time, its comparatively small bulk is an obvious advantage for transportation or travelling.

For sale by the manufacturer,

W. HODGSON,
CHEMIST,

N. E. corner of Arch and Tenth Streets, Philadelphia, and by various other Druggists.

ALSO, FOR SALE AS ABOVE,

HODGSON'S

CARBONATED CHALYBEATE

CHELTENHAM SALT;

For producing a correct imitation of the celebrated APERIENT and TONIC MINERAL WATER, of the

CHELTENHAM SPRING, IN ENGLAND.

For an account of the valuable properties of this preparation, reference is made to Wood and Bache's United States Dispensatory, page 1312, of the 10th edition.

This water has been celebrated in Europe for many centuries, as a valuable saline aperient, with iron combined in such a manner as to give it remarkable tonic properties.